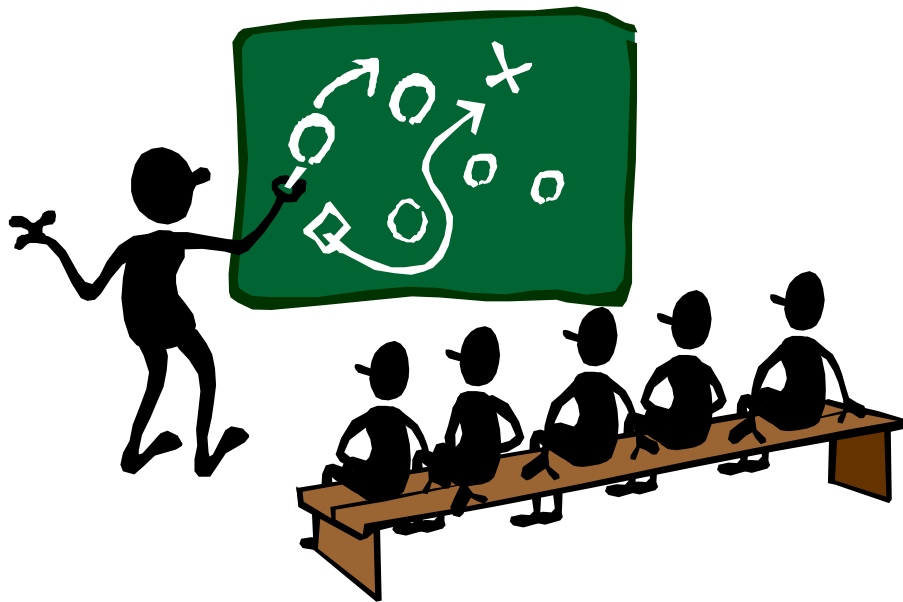


HOT TIPS

QUICK REFERENCE GUIDE

Revised 7/03



FINDING YOUR WAY AROUND THE DEPARTMENT OF HUMAN SERVICES

www.dhs.innerweb.utah.gov

or

www.hs.utah.gov

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PURPOSE

THIS BOOKLET IS DESIGNED TO:

- Make your work go faster, easier, and less frustrating by providing you a conglomeration of useful information about the services and eligibility requirements of each DHS division;
- Translate agency jargon into everyday language; and
- Identify key contact people in each division so you can reach the right person to give you the answers you need.

HOW TO USE THIS BOOKLET

- Keep this booklet on the corner of your desk. When you have questions about another DHS agency or you feel there must be someone out there that can help your client, the booklet is there to be your guide.
- This booklet cannot cover every detail, exception, and policy nuisance of each division, but it covers the fundamental things that case workers need to know about another DHS agency. It also gives you enough information to help you coordinate, collaborate, and communicate with other agencies and your clients and their families.

GUIDING PRINCIPLES

SERVICES

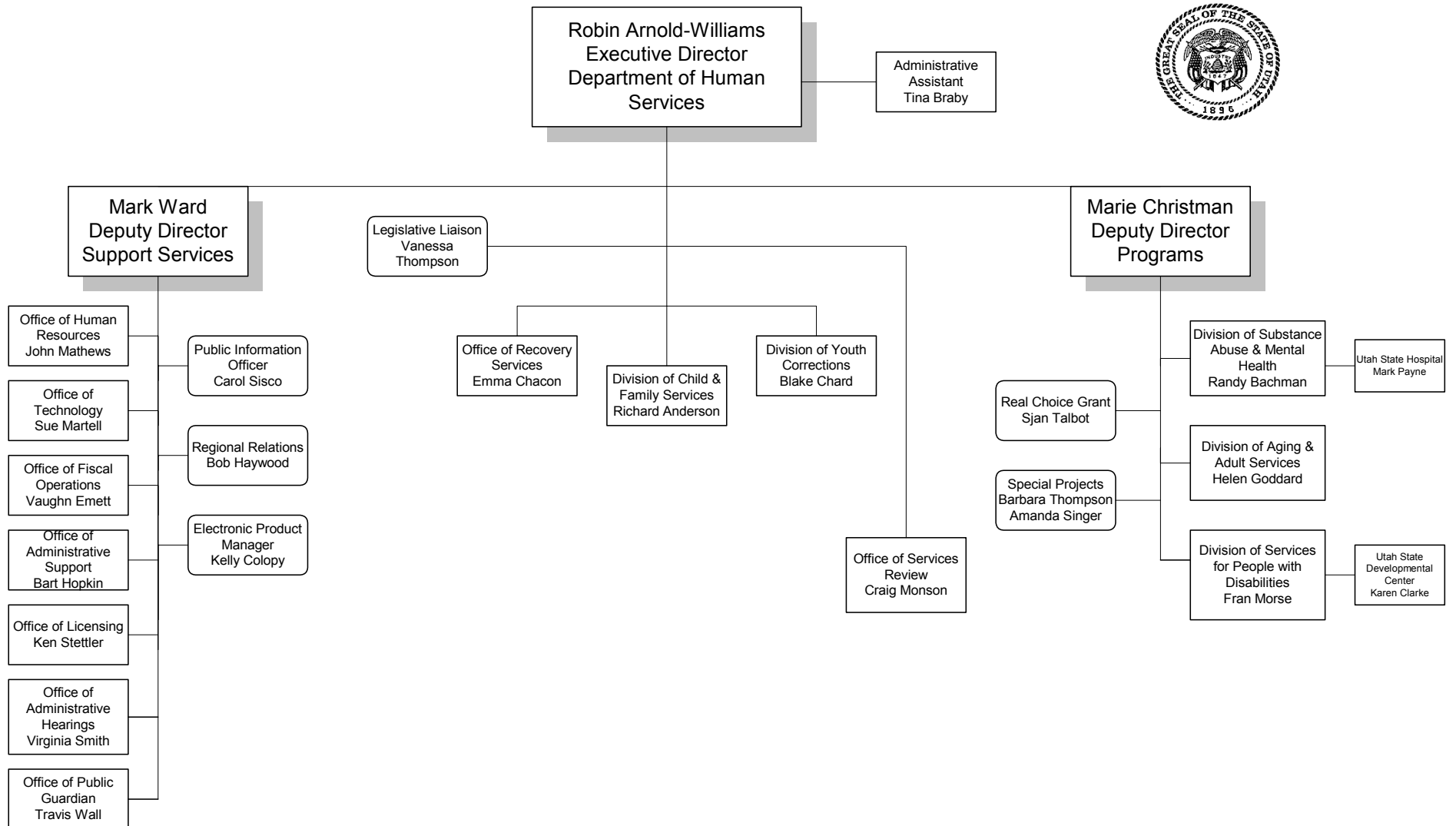
- ✓ All clients and families are treated with dignity, courtesy, and respect.
- ✓ Needs of the clients and families guide the types and mix of services provided. *
- ✓ Clients and families are actively engaged in planning, implementation, and evaluation of their supports and services. *
- ✓ Services are provided within the community in which the client and family reside. *
- ✓ Service teams are uniquely designed to meet the needs of individual clients and families. *
- ✓ Assessments and services build upon a foundation of client and family strengths.
- ✓ Services and staff are sensitive and responsive to client and family culture, traditions, and special needs.
- ✓ Services are designed to promote, and where necessary enforce, personal responsibility.
- ✓ Services focus on the safety and well being of clients, employees, and the public.

ADMINISTRATION

- ✓ Employees are well trained, credible, and committed.
- ✓ Clients and families are encouraged to be involved in Department activities and decision-making.
- ✓ Agencies and employees are accountable to the community and those they serve.
- ✓ The public will receive needed services regardless of organizational charts and jurisdictions.

* Where Federal and State statute allow.

STATE OF UTAH
DEPARTMENT OF HUMAN SERVICES
June 9, 2003



OFFICE OF THE EXECUTIVE DIRECTOR (EDO)

Mailing & Street Address:

120 North 200 West, Room 319
Salt Lake City, Utah 84103
538-4001; Fax: 538-4016

Robin Arnold-Williams, D.S.W.	Executive Director	538-4001
Mark E. Ward	Deputy Director	538-4001
Marie Christman	Deputy Director	538-4001
Tina Braby	Administrative Assistant	538-3998
Carol Sisco	Public Information Officer	538-3991

Constituent Services:

For: Recovery Services, Adult Protective Services, Mental Health, Services for
People with Disabilities, Youth Corrections, and Substance Abuse
Pamela Poulson538-3990
1-800-662-3722

For: Child Protective Services, Foster Care, Child and Family Services
Dianne Warner-Kearney538-4589
1-800-868-6413

For: Statewide Domestic Violence Info-line 1-800-897-LINK (5465)

ADMINISTRATIVE HEARINGS (OFFICE OF)

Mailing & Street Address:

120 North 200 West, Room 122
Salt Lake City, Utah 84103
(801) 538-3900; Fax: (801) 538-4334

Virginia Smith	Director	538-3900
Jean Sweet	Legal Secretary	538-3900

Conducts administrative hearings for all Department programs including child abuse/neglect/licensing, overpayments, ect. The office acts as a neutral fact finder by hearing evidence from the parties and determining whether the agency's action is proper based on the law.

ADMINISTRATIVE SUPPORT (OFFICE OF)

Mailing & Street Address:

120 North 200 West, Room 331
Salt Lake City, Utah 84103
(801) 538-4250; Fax: (801) 538-4248

Bart Hopkin	Director	538-4250
Claudia Ennis	Secretary	538-4250

Provides planning and management of DHS facilities, coordination of risk management investigations and emergency management, coordinates and provides mail distribution, forms, motor pool and information services.

FISCAL OPERATIONS (OFFICE OF)

Mailing & Street Address:

120 North 200 West, Room 217
Salt Lake City, Utah 84103
(801) 538-4107; Fax: (801) 538-9881

Vaughn Emett	Director	538-4107
Becca Finlayson	Administrative Secretary	538-4107

Provides financial and contractual services and monitoring for the Department. The office consists of the Bureau of Budget, Bureau of Contract Management, Bureau of Finance, and Bureau of Internal Audit.

HUMAN RESOURCES (OFFICE OF)

Mailing & Street Address:

120 North 200 West, Room 427
Salt Lake City, Utah 84103
(801) 538-4222; Fax: (801) 538-4446

John Matthews	Director	538-4223
Rosanne Ricks	HR Manager	538-4217
Connie First	HR Manager	538-4226

Develops, implements and administers agency personnel management programs including classification, compensation, recruitment, and employee assistance.

LEGISLATIVE LIAISON

Mailing & Mailing Address:

120 North 200 West, Room 319
Salt Lake City, Utah 84103
538-4001; Fax: 538-4016

Vanessa Thompson	Legislative Liaison	538-9877
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Legislative matters, GRAMA, and administrative rules.

SERVICES REVIEW (OFFICE OF)

Mailing & Street Address:

120 North 200 West, Room 313
Salt Lake City, Utah 84103
(801) 538-4277; Fax: (801) 538-4424

Craig Monson	Director	538-4277
Brad McGarry	Services Review Manager	538-4277
Michelle Morris	Secretary	538-4277

Conducts performance evaluations of the services DCFS provides to children and families and conducts fatality reviews of Department cases.

TECHNOLOGY (OFFICE OF)

Mailing & Street Address:

120 North 200 West, Room 119
Salt Lake City, Utah 84103
(801) 538-4040; Fax: (801) 538-4062

Sue Martell	Director	538-4040
Lisa Napier	Executive Secretary	538-4097

Provides coordination of all technology related activities for the Department.

UTAH GOVERNOR'S COUNCIL FOR PEOPLE WITH DISABILITIES

Mailing & Street Address:

155 South 300 West, Suite 100
Salt Lake City, Utah, 84101
(801) 533-3965; Fax: (801) 533-3968

Alison Lazano	Director	325-5820
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Provides planning, monitoring, and advocating on behalf of people with developmental disabilities.

DEPARTMENT OF HUMAN SERVICES CUSTODY

WHAT IS DEPARTMENT CUSTODY?

An alternative custody option available to the Juvenile Court for children whose problems and needs cross the boundaries of several divisions of the Department of Human Services.

WHO IS ELIGIBLE?

DHS custody may be appropriate if:

- The child meets the eligibility requirements of two or more DHS Divisions;
- The resources and services of more than one Division are required to meet the needs of the child; and
- It is not suitable for a single Division to have custody.

TIPS



- Department custody is only for children with multiple and extremely complex problems that need an array of services that are not available from a single division.
- Lack of funding to provide the services a child needs is not a criteria for assigning custody to the Department.
- Example of a DHS custody child: child is mentally retarded, sexually reactive, and bi-polar, cannot be effectively served at home, and the current placement is not meeting their needs.
- Remember that case coordination and collaboration can and should take place between Divisions without court ordered Department custody.
- Department custody is **not** appropriate for children who are being appropriately served by a single division.
- DHS custody is not an excuse for lack of coordination or cooperation between divisions.

HOW DOES DHS CUSTODY HAPPEN?

- When it appears likely that a child may qualify for Department custody, Juvenile Court staff or Department staff can request a staffing by contacting the DCFS-DHS Liaison in your community.

The DCFS-DHS Liaison will convene a designated core staffing team (or some communities will continue to use the LIC-Local Interagency Council) within five (5) working days to discuss the appropriateness of Department custody unless the child is in detention or shelter and needs to be placed more quickly. In this case, the team should meet the needed time frames for shelter or detention.

If the designated staffing team (or LIC) determines that Department custody is appropriate, the team will designate a DHS Division, or when possible a Division staff member will be designated case manager. The team will also develop the coordinated service plan.

- A Juvenile Court Judge may sometimes order custody to the Department without a staffing or screening. When this occurs the department staff member in the courtroom at the time or the Juvenile Court staff member present will within one (1) working day notify the local DCFS-DHS Liaison so that a service plan team meeting can be scheduled. The case manager will be designated at the first service plan meeting.

TIPS



- DHS staff will **NOT** recommend Department custody to the Court without first having the required Team staffing.
- Even if the designated staffing team recommends Department Custody or a specific case manager, the Judge may order something different.

HOW IS THE CASE MANAGER SELECTED?

The selection of the case manager should be based on:

- Who has a relationship or has the best potential of developing a relationship with the child and the family?
- Who has responsibility for delivering the majority of services?

ONCE A CASE MANAGER HAS BEEN DESIGNATED, DOES THAT MEAN THAT STAFF FROM OTHER DHS DIVISIONS CAN BECOME LESS INVOLVED WITH THE CHILD?

NO, Department custody means that staff from all divisions will be partners in providing needed services throughout the course of treatment and duration of DHS custody.

WHO DO I CALL IF I HAVE QUESTIONS?

The local DCFS-DHS Liaison in your area can respond to most of your questions.

If further assistance is needed contact:

Barbara Thompson
Department of Human Services
801-538-9875

WHAT OTHER INFORMATION IS AVAILABLE?

Guidelines and Procedures for Department Custody are available from your local DCFS-DHS Liaison, Barbara Thompson or the DHS website.

OFFICE OF LICENSING (OL)

WHAT DOES OL DO?

- Issues licenses that authorize a public or private agency to provide human service programs.
- Conducts surveys, investigations, and home studies of facilities, agencies, and foster homes.
- Investigates complaints regarding any licensed facility or licensee.
- Conducts criminal and abuse background checks for individuals applying or renewing a human service license.

WHO IS REQUIRED TO HAVE A HUMAN SERVICE LICENSE?

Any person, agency, or governmental unit who provides a human services program or facility within the state of Utah must be licensed and comply with Human Service licensing rules.

WHAT KINDS OF PROGRAMS OR SERVICES NEED TO BE LICENSED?

- Adult Day Care
- Adoption Agencies
- Child Placing
- Crisis Respite (Family Support Centers)
- Day Treatment
- Domestic Violence Shelters and Treatment Programs
- Foster Care Homes
- Intermediate Secure Care
- Mental Health Treatment Programs
- Outpatient Treatment
- Programs for People with Disabilities
- Residential Support
- Residential Treatment
- Social Detoxification
- Resource Family Home
- Substance Abuse Treatment Programs
- Youth Treatment Programs

Refer to the Acronyms and Definitions section of this document for the specific definitions of these programs and services.

TIP



Anyone considering licensure for Day or Residential treatment should apply for licensure prior to obtaining a physical facility or providing any services.

WHAT AREAS DOES OL REVIEW?

- Basic health and safety standards which is limited to:
 - Fire safety
 - Food safety
 - Sanitation
 - Infectious disease control
 - Safety of the physical plant
 - Transportation safety
 - Emergency preparedness
 - Administration of medical standards and procedure
 - Consumer safety and protection
- Minimum administration and financial requirements for licensees.

TIP



OL does **not** assess the effectiveness, quality or appropriateness of the treatment and intervention services provided by the licensee. OL is only authorized to determine if the facility meets basic health standards and that minimum administrative procedures are in place.

HOW LONG DOES THE LICENSING PROCESS TAKE?

- Treatment Programs: The length of time to complete the licensing process depends on the type and size of the program and the degree to which the applicant has competed policies and procedures and complied with zoning, fire, and health requirements. The average length of time to complete licensure is 3 to 4 months.
- Foster Care: The prospective foster parents must complete 32 hours of training, provide names of references, complete an application, submit a medical report prepared by a physician, receive a criminal background check, and have a home study completed prior to receiving a license. This usually takes 2 to 3 months to complete.

CRIMINAL AND ABUSE BACKGROUND SCREENING

WHAT IS THE PURPOSE?

To protect children from individuals who have:

- Committed and been convicted of serious crimes;
- Conduct that is contrary to the safety and well being of children;
- Committed acts of abuse, neglect, or exploitation of a child or vulnerable adult.

WHO IS REQUIRED TO HAVE A BACKGROUND SCREENING?

- Anyone 18 years of age or older residing in a foster home or other home based care.
- Owners, directors, members of the program's governing body, employees, providers of care, or volunteers of a licensed program or service.

WHAT INFORMATION IS REQUIRED?

- Photocopy of a driver's license or other Government Issued picture identification.
- Completed Background Screening Request Application.
- If the individual has not lived in Utah for the last five consecutive years, fingerprint cards must be submitted to conduct a FBI national criminal history record check. The fingerprints can be obtained from a law enforcement agency. The applicant must pay a fee of \$24 for the record check.

HOW LONG DOES A BACKGROUND CHECK TAKE?

- Within 30 days from the time all information is received, the background check should be completed. However, 80% of approved background checks are completed within 10 working days.
- FBI national criminal history record checks can take up to 90 days to process.

TIPS



Delays in completing the background checks are usually due to:

- Incomplete information
- An arrest record without a final disposition, which requires OL to wait for the final disposition to complete the screening process.
- Review of the criminal and/or abuse record by the DHS Review Committee.

WHO IS APPROVED?

- A person with no criminal history or the only offenses are misdemeanors not involving domestic violence, lewdness, battery, offenses against a family or person, pornography, prostitution, or any type of sexual offense, and the conviction date is older than five years, and
- The management information system does not indicate the person as a perpetrator of abuse, neglect or exploitation.

WHO IS DENIED?

- A person convicted of a felony.
- A person convicted within the last five years of misdemeanors involving domestic violence, lewdness, battery, offenses against a family or person, pornography, prostitution, or any type of sexual offense.
- Credible evidence exists that the person poses a threat to the safety and health of children and vulnerable adults.

WHAT SITUATIONS REQUIRE FURTHER REVIEW BY THE DHS REVIEW COMMITTEE?

- A person identified as a perpetrator of abuse, neglect or exploitation.

- Misdemeanor offenses that have occurred within the last five years.
- Failure to disclose criminal conviction history on the Background Screening Request Application.

IF A RELATIVE IS WILLING TO CARE FOR A CHILD, DOES THE LICENSING PROCESS HAVE TO BE COMPLETED BEFORE THE CHILD IS PLACED WITH THE RELATIVE?

The Office of Licensing and the Division of Child and Family Services (DCFS) have the following “emergency kinship” procedure:

- DCFS staff will conduct the criminal background check and complete a kinship home study. This information is presented to the judge at the shelter hearing.
- The judge determines if the relative family is fit and willing to care for the child and if DCFS or the relative family will have custody of the child.
- If DCFS is granted custody, the caseworker will request OL to issue a 90-day conditional kinship/specific license to the family. The conditional license will allow the family to complete the required training and any other licensing requirements.
- If the relative is granted custody, no license is required.

IF A CHILD IS PLACED WITH A PERSON WHO HAS A RELATIONSHIP WITH THE CHILD BUT IS NOT A RELATIVE, WHAT IS THE LICENSING PROCESS?

- The DCFS caseworker must complete and submit to OL the following:
 - ▶ Request for Licensing Specific Foster Home
 - ▶ OL Short Form Home Study
 - ▶ Names of 2 references
 - ▶ Background screening

OL will issue a 90-day conditional license, refer the applicant to the Utah Foster Care Foundation for training, and conduct a Resource Family Assessment.

HOW CAN INFORMATION ABOUT THE QUALITY OF A PROGRAM BE OBTAINED?

Human Services licensing addresses only minimum health and safety criteria. The best method to determine if a program meets your expectations is to visit and spend time talking with staff and/or clients. Also, ask for references. The more information obtained about a program, the easier it will be to make a decision.

IS THERE A WAY TO FIND OUT IF A PROGRAM HAS HAD COMPLAINTS FILED AGAINST IT?

After making initial contact with a program and questioning the staff or clients, feel free to contact the licenser of the program. The licenser can provide results of the latest licensing visit, the current license status and basic information on substantiated complaints in the program file.

HOW DO I FIND OUT IF A PROGRAM OR SERVICE IS LICENSED?

Contact the OL Administrative Office in Salt Lake at 801-538-4242, or check the current status on the website at: www.hslic.utah.gov

WHERE ARE SERVICES LOCATED?

Region	Office	
Salt Lake	Rachel Bicknell, SSW Foster Care 120 N. 200 W. Suite 303 Salt Lake City, Utah 84103 (801) 538-4402 FAX (801) 538-4553	Kathy Campos, SSW Foster Care 120 N. 200 W. Suite 303 Salt Lake City, Utah 84103 (801) 538-3980 FAX (801) 538-4553
	Jeanette Sanders, SSW Foster Care 120 N. 200 W. Suite 303 Salt Lake City, Utah 84103 (801) 538-3950 FAX (801) 538-4553	Merlene Olsen Foster Care 120 N. 200 W. Suite 303 Salt Lake City, Utah 84103 (801) 538-4088 FAX (801) 538-4553
	Janice Winman Foster Care 120 N. 200 W. Suite 303 Salt Lake City, Utah 84103 (801) 538-9837 FAX (801) 538-4553	
Eastern	Claudia Black Foster Care 522 North 100 East Blanding, Utah 84511 (435) 678-1470 (435) 259-3747 FAX (435) 678-1472	Sue Brewer Foster Care & Treatment 1052 West Market Drive Vernal, Utah 84078 (435) 781-4263 FAX (435) 781-4270
	Richard Cornaby Foster Care & Treatment 140 W. 425 So. (330-15) Roosevelt, Utah 84066 (435) 722-6573 FAX (435) 722-6566	Jim Jennings, SSW Foster Care & Treatment 475 W. Price River Drive #152 Price, Utah 84501-2857 (435) 636-2363 FAX (435) 636-0224
Western	Suzanne Chavira Foster Care & Treatment 377 E. Riverside Drive #B St. George, Utah 84790 (435) 674-3944 FAX (435) 674-3978	Jeanne Finefeuiaki, SSW Foster Care 150 East Center Street, 5 floor Provo, Utah 84606 (801) 374-7286 FAX (801) 374-1232
	Deborah Howard, SSW Foster Care 150 East Center Street, 5 floor Provo, Utah 84606 (801) 374-7881 FAX (801) 374-1232	Kelly C. Husbands, SSW Foster Care PO Box 50 Nephi, Utah 84648 (435) 623-7528 FAX (435) 623-4174
	Vacant Foster Care & Treatment 377 E. Riverside Drive #B St. George, Utah 84790 (435) 674-3946 (435) 674-3978 FAX (435) 652-2988	Rebecca Nelson Foster Care & Treatment 377 E. Riverside Drive #B St. George, Utah 84790 (435) 674-3945 FAX (435) 674-3978
Northern	Sharon Christensen, SSW Foster Care 115 W. Golf Course Road Suite B Logan, Utah 84321 (435) 787-3415 FAX (435) 787-3444	Mindy Lundgreen Foster Care 1350 E. 1450 So. Clearfield, Utah 84015 (801) 776-7452 FAX (801) 776-7454
	Sharol Morris, SSW Foster Care 1350 E. 1450 So. Clearfield, Utah 84015 (801) 776-7451 FAX (801) 776-7454	

ADMINISTRATION

Mailing & Street Address

120 north 200 West, room 303
Salt Lake City, Utah 84103
(801) 538-4242; Fax: (801) 538-4553

Ken Stettler
Jan Bohi

Director
Office Manager

(801) 538-4242
(801) 538-4153

ACRONYMS & DEFINITIONS

Adult Day Care:	Provides a variety of health, social, recreational, and related support services in a protective setting for functionally impaired adults.
Adoption Agencies:	Places a child permanently into a home for adoption.
Child Placing:	Provides custody or care for children under 18 years of age, temporarily or permanently for the purpose of adoption or foster care.
Crisis Respite:	Family Support Centers. Designed to offer immediate, temporary respite care (up to 72 hours) to protect children and to help families cope with crisis.
Day Treatment:	Specialized treatment for less than 24 hours a day, for four or more persons who have emotional, psychological, developmental, physical, or behavioral dysfunctions, impairments, or chemical dependencies.
Domestic Violence Shelters & Treatment Programs:	Designed to provide a safe haven for victims of domestic violence and the resources to obtain help in resolving crisis-related problems.
Foster Care Homes:	Short-term placement of a child who is in the custody and guardianship of the State of Utah.
Intermediate Secure Care:	Specialized 24-hour residential treatment for persons who cannot live independently or in a less restrictive environment. Secure treatment differs from residential treatment to the extent that it requires intensive supervision, and other security measures which are imposed on residents with neither their consent nor control.
Mental Health Treatment Programs:	Provides residential treatment/support, day treatment, and outpatient treatment services to people experiencing mental health problems.

Outpatient Treatment:	Provides individual, family, or group therapy or counseling designed to improve and enhance social or psychological functioning for those whose physical and emotional status allows them to continue functioning in their usual living environment.
Programs for People with Disabilities:	Includes homes for disabled persons and day treatment sites where disabled persons work.
Residential Support:	Provides the necessities of life as a protective service to individuals or families who are experiencing a dislocation or emergency, which prevents them from providing these services for themselves or their families. Treatment is not a necessary component of residential support, however, treatment shall be made available on request.
Residential Treatment:	Provides a 24-hour group living environment for four or more individuals while providing for or arranging for the provision of specialized treatment.
Resource Family Home:	Provides services to a child in the custody of the state, including foster care homes and legal risk homes.
Social Detoxification:	Short-term residential services provided outside of a health care facility for persons who are intoxicated.
Substance Abuse Treatment Programs:	Provides treatment and rehabilitation services to those who are having difficulty with alcohol or drugs. Services offered include: social detoxification, residential treatment/support, day treatment and outpatient treatment.
Youth Treatment Program:	Provides a variety of services to minors including: temporary child placement, day treatment, outpatient treatment, residential support, residential treatment, intermediate secure treatment, and outdoor youth programs.

OFFICE OF PUBLIC GUARDIAN (OPG)

WHAT DOES OPG DO?

Provides public guardianship services to “incapacitated” adults who have no responsible, willing and able family or friends to serve as their guardians.

WHAT IS GUARDIANSHIP?

Guardianship is an arrangement through which one or more persons (the “guardian”) are legally authorized to make certain decisions for another person (the “ward”).

WHEN IS PUBLIC GUARDIANSHIP NECESSARY?

- When a person is incapable of making minimally adequate decisions about medical and other kinds of care and treatment, everyday life and/or their financial affairs, and as a result the person’s health or safety are in jeopardy; and,
- Family or friends are unable to assist in making decisions for the incapacitated adult.

A person may become “INCAPACITATED” as the result of a:

- A severe developmental disability, such as profound mental retardation;
- An acute or persistent and serious mental illness, such as schizophrenia;
- Alzheimer’s disease, other dementias and related problems that can occur with aging;
- A serious illness or accident; and
- Alcoholism or substance abuse.

TIPS



- Many persons who experience these problems are capable of making their own decisions and do not need a guardian. A person is incapacitated only when he or she is demonstrably incapable of understanding the consequences of his or her decisions and as a result is in jeopardy of harm.
- Public guardianship is only available for adults.

WHO IS ELIGIBLE FOR OPG’S SERVICES?

Due to OPG’s limited resources and staff, services are usually limited to incapacitated adults:

- Who are in life-threatening situations and guardianship is likely to alleviate the situation.
- Who are experiencing abuse, neglect, self-neglect, exploitation or who are at significant risk of experiencing such problems.

TIP

If in doubt about a person's eligibility and the availability of guardianship services, contact OPG.

WHO MAY MAKE A REFERRAL TO OPG AND WHAT IS THE PROCESS?

- Anyone may make a referral by contacting the OPG staff.
- OPG staff conducts an initial and informal review with the referent to determine if guardianship appears necessary. The referent may be asked to obtain or provide additional information or explore possible alternatives; or, if guardianship appears unnecessary or inappropriate, referred to another source of assistance.
- OPG petitions the court to become a person's guardian after conducting a face-to-face functional assessment of the person's capacity, and formally determining that:
 - ▶ there is no alternative or less restrictive manner to assist the person
 - ▶ the person meets OPG's eligibility criteria and priorities
 - ▶ there is good reason to believe the person is incapacitated
- The court will determine the type of guardianship and responsibilities to award OPG.
- If a person is incapable of making important financial or estate planning decisions, the court may appoint a "conservator" to make these decisions and grant a limited or full conservatorship.
- Depending on the nature and extent of a person's inability to make decisions, the court may appoint OPG as guardian or conservator or both.

TIPS

- OPG assertively searches for alternatives to guardianship, due to the drastic nature of guardianship, the large unmet need for public guardianships and OPG's limited staff and resources. OPG will usually decline to seek guardianship if an incapacitated person has a responsible family member who can serve as the person's guardian, even if the family member is reluctant to become a guardian. OPG may decline a referral in the event the imposition of guardianship is not likely to change the outcome of a situation.
- If there is a question about whether a guardianship exists, ask to see the court order establishing the guardianship or the "letters of guardianship". Parents and adult children of adults with disabilities and adults experiencing dementia often mistakenly believe they are guardians or conservators simply because of their relationship to the disabled or demented adult, or because they are the responsible party for carrying out an "advance directive" for the disabled or demented adult.

WHAT ARE THE RESPONSIBILITIES OF OPG WHEN APPOINTED AS A GUARDIAN?

- Under a **limited guardianship**, OPG may make some but not all of the decisions that it would if appointed full guardian of an individual.
- Under a **full guardianship**, OPG is generally responsible for:
 - ▶ determining where the ward lives;
 - ▶ making sure that the ward's basic needs (including food, clothing and comfort) are met;
 - ▶ making decision about the ward's health care and treatment;
 - ▶ keeping track and taking care of the ward's property and personal possessions;
 - ▶ making some financial decisions; and
 - ▶ protecting and advocating for the ward's welfare, interests and rights;
- Under a **full conservatorship**, OPG is generally responsible for:
 - ▶ managing the ward's income and financial resources to provide for care, support and comfort, and to pay bills and debts;
 - ▶ keeping track and taking care of the ward's property and personal possessions; and
 - ▶ investing or selling the ward's assets and property, when necessary.
- OPG must report to the court annually about its guardianship activities, the condition of the ward and the status and condition of the ward's estate.

HOW DOES OPG MAKE DECISIONS FOR ITS GUARDIANSHIP WARDS?

- OPG has a responsibility to determine what the ward would want if the ward were capable of making decisions, and then try to carry out the ward's preferences or wishes.
- OPG always has a legal duty to make decisions that protect the rights, interests and well being of its wards. OPG does not substitute its own opinions about what is best for wards unless it cannot determine what the ward would want, or the ward's choice cannot be honored under the law or poses unacceptable risks for the person.

WHAT SERVICES DOES OPG PROVIDE?

OPG provides the following services directly, through its staff:

- Information, referral and education about guardianship
- Assessment for guardianship
- Petitioning for guardianship
- Exploring and providing alternatives to guardianship
- Limited and full guardianships and conservatorships, including:
 - ▶ case management, monitoring and monthly visits;
 - ▶ surrogate decision making regarding basic needs, medical, mental health; habilitative, rehabilitative and other care and treatment, and use of financial resources; and
 - ▶ rights protection and advocacy.

In addition, OPG provides limited guardianship services to people with developmental disabilities (who are incapable of making certain decisions) on a contractual basis with Guardianship Associates of Utah, Inc.

TIP

OPG is not a service provider (except of guardianship services). OPG's principal function is to serve as a surrogate decision-maker for its guardianship wards and to protect and advocate for their interests, preferences, welfare and rights. In cases involving wards that live in distant or remote areas, OPG may utilize volunteers in carrying out some client monitoring functions.

All referrals to Guardianship Associates of Utah must be made through OPG. OPG will evaluate the individual's need for guardianship and petition for guardianship if it appears necessary and then determine how the individual will be served.

WHAT ABOUT EMERGENCY REFERRALS?

OPG can and does petition for guardianships on an emergency basis. In true emergencies, it is possible to obtain a guardianship within 12 to 36 hours.

TIP

Due to the time and effort required to petition for guardianship, the referents of emergency cases should be prepared to work creatively with OPG staff in identifying and implementing alternative solutions to guardianship or, in the event an emergency guardianship is required, obtaining the needed information and making necessary arrangements.

WHEN ELSE SHOULD OPG BE CONTACTED OR CONSULTED?

OPG should be contacted whenever decisions need to be made concerning its wards and OPG is authorized to make the decision in question. In addition, OPG should be immediately notified of any unusual event or change in the medical or mental condition or status of a ward. In the interim, care and treatment should be provided as outlined in the wards duly authorized "medical treatment plan" or other advance directive.

TIP

OPG screens its voice mail system once an evening and twice daily on weekends and holidays for emergency notifications and requests, and responds as needed. In the event of a medical emergency and the absence of an advance health care directive, emergency medical care should be provided to the ward just as it would for any other adult in such circumstances.

ADMINISTRATION

Mailing & Street Address:

120 North 200 West, Room 329
Salt Lake City, Utah 84103
(801) 538-8255; Fax: (801) 538-8243

S. Travis Wall
Gloria Jensen-Sutton

Director
Senior Deputy Guardian

(801) 538-4255
(801) 538-3920

ACRONYMS & DEFINITIONS

Advance Directives:	Written instructions, such as a living will or a durable power of attorney for health care, which guides provision of care and treatment when an individual is terminally ill and/or incapacitated and unable to communicate his or her wishes.
Conservator:	An individual or organization appointed by the court to make some or most decisions about an incapacitated person's financial affairs and estate.
Full Guardianship:	A guardian appointed to make virtually all decisions for an incapacitated person.
Guardian:	An individual or organization appointed by the court to make some or most decisions about the personal affairs of an incapacitated person, including decisions about the medical, mental health, habilitative and rehabilitative care of the person, and where the person lives.
Incapacitated Person:	A person who, as a result of a mental illness, developmental disability, physical illness or disability, alcoholism, substance abuse or other cause, lacks sufficient understanding or capacity to make or communicate responsible decisions concerning him or herself.
Limited Guardianship:	A guardian appointed to make only those decisions specified in a court order granting the guardianship. Typically, a limited guardianship is granted because the person is capable of making decisions in other areas of his or her life.
Public Guardian:	An individual or organization authorized by law to serve as a guardian or conservator, usually for incapacitated individuals who have no one else to serve as their guardian or conservator. In Utah, the public guardian is the Office of Public Guardian (OPG).
Ward:	A person subject to a limited or full guardianship. (Also often used to refer a person who is subject to both a guardianship and conservatorship).

DIVISION OF AGING AND ADULT SERVICES (DAAS)

WHAT DOES THE DAAS DO?

Administers, contracts, and monitors services to aging and disabled adults, and investigates abuse, neglect and exploitation of vulnerable adults. This is done primarily through two major program areas:

- **Adult Protective Services**
- **Aging Services**
 - Older American Act Services
 - Nutrition Programs for the Elderly
 - Health Insurance Information
 - Long-term Care Ombudsman
 - Home & Community Based Medicaid Waiver Program for the Elderly (also known as the Waiver Program)
 - Senior Community Service Employment Program
 - The Alternatives Program
 - Utah Family Caregiver Support Program
 - Senior Centers

ADULT PROTECTIVE SERVICES (APS)

- Adult Protective Services (APS) within the Division of Aging and Adult Services investigates allegations of abuse, neglect, or exploitation of vulnerable adults.
- APS, where appropriate, provides short-term, limited protective services with the permission of the affected vulnerable adult or the guardian of the vulnerable adult.

WHO IS ELIGIBLE FOR ADULT PROTECTIVE SERVICES?

Any vulnerable adult.

WHO IS A “VULNERABLE ADULT”?

- An elder adult, defined as anyone 65 years of age or older.
- An adult 18 years of age or older who has a mental or physical impairment which substantially effects that person’s ability to:
 - provide personal protection;
 - provide necessities such as food, shelter, clothing, or mental or other health care;
 - obtain services necessary for health, safety, or welfare;
 - carry out activities of daily living;
 - manage the adult’s resources; or
 - comprehend the nature and consequences of remaining in a situation of abuse, neglect or exploitation.

WHO IS REQUIRED TO REPORT ABUSE, NEGLECT AND EXPLOITATION OF VULNERABLE ADULT?

Any person who has reason to believe that a vulnerable adult has been the subject of abuse, neglect, or exploitation is required to immediately notify Adult Protective Services Intake or the nearest law enforcement agency.

TIP



Any person who willfully fails to report suspected abuse, neglect, or exploitation of a vulnerable adult is guilty of a Class B misdemeanor.

IF I AM AWARE OF AN ADULT PROTECTIVE SERVICE ISSUE AND I REPORT IT, CAN I BE HELD LIABLE IN ANY WAY?

The law states, “Anyone who in good faith makes a report or otherwise notifies a law enforcement agency, the division, or Adult Protective Services, of suspected abuse, neglect, or exploitation is immune from civil and criminal liability in connection with the report or other notification.” UCA § 62A-3-305 (3) and 76-5-111.1 (2).

HOW DO I DECIDE IF SOMEONE IS BEING ABUSED, NEGLECTED OR EXPLOITED?

It is not necessary to confirm abuse, neglect, or exploitation in order to report it. The reporting requirement states, “...any person...who has reason to believe...” It is the responsibility of Adult Protective Services to confirm allegations.

WHAT HAPPENS AFTER A REFERRAL IS MADE?

- When Adult Protective Services receives an allegation of abuse, neglect or exploitation, a determination is made as to whether the information received constitutes a referral and if that referral constitutes an emergency.
- If it is an emergency, Adult Protective Services is required to initiate the investigation within one working day.
- If it is not an emergency, the investigation is initiated within three working days. This determination is made at intake prior to case assignment. The case is then assigned to an investigator.
- It is the responsibility of the investigator to initiate the investigation. The investigator gathers information regarding the allegations.
- The worker then makes a determination based on all information if there is a need for protection.
- If the answer is “no,” the case is closed.
- If the answer is “yes,” the client is assisted in obtaining services or benefits as appropriate.
- Protective services may be provided for a vulnerable adult, either with the consent of the vulnerable adult or the vulnerable adult’s guardian or conservator, or by court order.

- The referent will be notified once the investigation is underway.

TIP



Services are voluntary and cannot be forced upon a competent adult.

WHAT CAN APS DO?

- Operate an intake system for receiving and screening reports of abuse, neglect or exploitation.
- Investigate reports of abuse, neglect or exploitation.
- Perform needs assessments.
- Coordinate with and refer to community resources for services.
- Provide short-term limited services when family or community resources are not available to provide protection.

WHAT CAN'T APS DO?

- Take custody of an adult.
- Place, under APS authority, an adult in a nursing home or other facility.
- Provide any service, including the investigation, without the voluntary consent of the alleged victim or their guardian or conservator unless court ordered to do so.

WHAT IF AN INDIVIDUAL REFUSES SERVICES?

- Adults have the right to make personal choices and decisions. This self-determination gives them the right to make decisions that might not appear to be in their best interests.
- If services are provided by Adult Protective Services, the adult must knowingly and voluntarily accept them without any coercion.
- If the adult subsequently withdraws consent for those services, they will be discontinued.
- Involuntary protective services may only be provided when the court has determined that the adult lacks the capacity to consent.

TIP



APS provides a Central Intake, which handles all calls and referrals of alleged abuse, neglect, or exploitation of vulnerable adults.

To report abuse and neglect contact:

Salt Lake County: (801) 264-7669

All Other Areas: 1-800-371-7897

WHERE ARE SERVICES LOCATED?

North Box Elder Cache Davis Morgan Rich Weber	Joan Heninger 2540 Washington Blvd. 3 rd floor Ogden, UT 84401 (801) 626-3385 FAX: 626-3153	2540 Washington Ogden, UT 84402 FAX 626-3153 Counties: Weber & Morgan	1350 E. 1450 So. Clearfield UT 84015 (801) 776-7300 FAX 525-0392 Counties: Davis	1050 S. 500 W. Brigham UT 84302 (435) 734-4075 FAX: 734-4062 Counties: Box Elder	115 W. Golf Course Rd Suite B Logan, UT 84321 (435) 787-3425 FAX 787-3444 Counties: Cache & Rich
Central Salt Lake Summit Tooele Wasatch	Diane Stewart 645 E. 4500 S. SALT LAKE CITY UT 84107 (801) 264-7613 FAX: 268-5422	645 E. 4500 South Salt Lake City, UT 84107 (801) 264-7669 FAX: 268-5422 County: Salt Lake	1764 Prospector Ave Park City, UT 84060 (435) 649-6018 FAX: 649-0351 Counties: Wasatch & Summit	305 North Main Tooele, UT 84074 (435) 833-7358 FAX: 833-7345 County: Tooele	
South/East Beaver Garfield Iron Juab Kane Millard Piute Sanpete Sevier Utah Washington Wayne Carbon Daggett Duchesne Emery Grand San Juan Uintah	Matt Lyman 835 E. 300 N. Suite 700 Richfield UT 84701 (435) 896-2792 FAX: 893-2054	835 East 300 North Suite 700 RICHFIELD, UT 84701 (435) 896-2790 FAX: 893-2054 Counties: Sevier, Millard, Piute & Wayne	50 South Main Suite 21 Manti, UT 84642 (435) 835-0629 FAX: 835-0798 Counties: Sanpete & Juab	106 North 100 East CEDAR CITY, UT 84720 (435) 865-5660 FAX: 865-5666 Counties: Iron, Beaver & Garfield	377 B Riverside Drive ST. GEORGE, UT 84790 (435) 674-3942 or (435) 674-3943 FAX: 674-3939 Counties: Washington & Kane
		150 East Center Street Suite 1500 Provo, UT 84606 (801) 374-7096 FAX: 374-7278 County: Utah	140 W 425 S (330-15) Roosevelt, UT 84066 (435) 722-6551 FAX: 722-6566 Counties: Daggett Uintah Duchesne	475 W Price River Drive Suite #262 Price, UT 84501 (435) 636-2394 FAX: 636-2397 Counties: Carbon Emery	1165 So. Highway 191 Suite #1 Moab, UT 84532 (435) 259-3729 FAX: 259-7521 Counties: Grand San Juan

AGING SERVICES

An array of services and activities designed to permit seniors to:

- Remain independent;
- Provide opportunities for socialization with others of their own age; and
- To age in safety and dignity.

WHO IS ELIGIBLE?

- Generally, all individuals 60 years and older.
- Exceptions will be noted in individual program descriptions.

TIP



Most programs give preference to seniors with the greatest economic and social needs with particular attention to low-income minorities and seniors in rural areas.

WHO PROVIDES AGING SERVICES PROGRAMS?

- DAAS contracts with local governments throughout the state who operate Area Agencies on Aging (AAA).
- AAA's plan, develop, and deliver services in their geographic areas.
- Contract funds are distributed on a formula basis.

WHAT SERVICES ARE AVAILABLE?

OLDER AMERICAN ACT SERVICES

All people 60 and older are eligible. These services include:

- Case management-- assessment and referral by a worker who can link the client with appropriate community services
- In-home services
- Transportation
- Limited legal services
- Information and assistance/referral
- Personal and home health care
- Telephone reassurance and friendly visits

TIP



Due to funding limitations, not all services are available in all areas of the state. Also, there are waiting lists for some services.

NUTRITION PROGRAMS FOR THE ELDERLY

Provides nutritional information and meals.

- Provides seniors with meals that are one-third of the recommended dietary allowances.
- Provides meals at congregate sites so seniors can socialize.
- Meals are delivered to homebound seniors (Meals on Wheels).
- Nutrition screening and assessment is done to determine what nutrition education and counseling is necessary.

HEALTH INSURANCE INFORMATION PROGRAM (HIIP)

Provides information on the federally funded Medicare Program to help seniors understand:

- ▶ The benefits available to them;

- ▶ How to access benefits they are entitled to;
 - ▶ The complex billing procedure; and
 - ▶ How to appeal a denied claim.
- Anyone who has questions about Medicare, Medicaid, Medicare Supplemental Insurance or long-term care can call **1-800 541-7735** for assistance.
 - Trained personnel and volunteers are also available at the local AAA. Phone numbers for the local AAA's are available at **1-800 541-7735**.

TIPS



- Some counselors or volunteers are available to meet with seniors in their home. Help is also available at a senior center. Limited information is available on the DAAS website.
- The 1-800 numbers have been adjusted to allow calls to be answered in the area closest to where the senior lives.

LONG-TERM CARE OMBUDSMAN

Improves the lives of nursing home and assisted living residents by resolving complaints and providing information about the resident's rights and long-term care services. These services include:

- Long-term care advocacy
- Mediation
- Investigation
- Education

WHAT CONCERNS DOES THE OMBUDSMAN GENERALLY ADDRESS IN REGARDS TO THE LONG-TERM FACILITY?

- Missing or inappropriate care plans that must be in place on each resident of the facility.
- Problems with the activities of daily living (also known as ADL's such as eating, bathing, brushing teeth, dressing, etc).
- Deficiencies or violations of the rules issued by the Health Department.
- Problems with "Flexcare planning" which is designed to help residents who are able, move to a less restrictive and less costly setting.

TIPS



- Contact the Ombudsman before making arrangements to live in a facility or place a client.
- Contact the Ombudsman whenever the facility is not resolving concerns about quality of life or quality of care.
- The Ombudsman service is for seniors over 60. To resolve an issue for a person younger than 60, please call The Disability Law Center or Utah Legal Services.

HOW TO CONTACT THE OMBUDSMAN?

- A poster in each AAA facility has the phone number of the local Ombudsman.
- Call the state office at 801-538-3910 to find a local number.
- Call the local AAA office.
- Phone numbers are listed on the website: www.hsdaas@utah.gov

HOME & COMMUNITY BASED MEDICAID WAIVER PROGRAM FOR THE ELDERLY

Assists seniors to live in their own home, rather than in a nursing home, by providing supportive and in-home services such as:

- Supplemental meals: Meals on Wheels.
- Chore services: Home services required by frail seniors that may include lawn care, minor repairs, snow removal, woodcutting, etc.
- Homemaking assistance: Services that provide assistance in maintaining the client's home environment and home management.
- Personal and home health care: Assistance with activities of daily living in a home setting.
- Adult Day Care: Group care during the daytime hours where adults can socialize, receive lunch, and engage in activities in a supervised setting.
- Case Management: Assessment, reassessment, determination of eligibility, development of a care plan, ongoing documentation, arranging client specific services, client monitoring and follow-up. Case management may include linking the client with appropriate community services.

WHO IS ELIGIBLE?

Adults who meet the following requirements:

- Age 65 or older;
- An assessment by a registered nurse determines if nursing home level of care standards are met; and
- Meets the income and asset standards established by Health Care Financing.

TIP



This is not an entitlement program and a limited amount of funds are available, therefore, some eligible seniors may be placed on a waiting list.

WHO PROVIDES THESE SERVICES?

A Case Manager from the Area Agency on Aging (AAA) who has been approved by Medicaid as a waiver provider coordinates all services.

TIP



While waiver services are available in all areas of the state, the array of services may vary depending upon the availability of a certified provider.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Provides training opportunities and limited subsidized part-time employment. The goal is to provide skills needed for unsubsidized employment.

WHO IS ELIGIBLE?

Low-income adults, age 55 and older.

HOW IS A REFERRAL MADE TO THE PROGRAM AND WHERE DO I CALL FOR SERVICES?

- Intake/referral is conducted by a representative of either the U.S. Forest Service or Green Thumb located in each office of the Department of Workforce Services.
- In Salt Lake County, a representative of the Senior Employment Program will do the intake at the Department of Workforce Services.
- In addition, services are available at the following AAA's:
 - ▶ Salt Lake County Aging Services: (801) 468-2454
 - ▶ Davis Aging Services: (435) 451-3770
 - ▶ Weber-Morgan Aging Services: (435) 625-3770
 - ▶ San Juan Area Agency on Aging: (435) 587-3225
 - ▶ U.S. Forest Service and the Green Thumb Organization in other parts of the State.

WHAT SERVICES ARE OFFERED?

- Limited subsidized part-time employment in public and not for profit organizations to enable the senior to gain skills needed for employment opportunities.
- A complete physical examination.
- Career counseling.
- Basic skills and interests assessment.

TIP



Some programs offer work related training programs including basic computer skills, interviewing techniques, resume drafting, and English as a second language. All subsidized employment is part-time and is intended to be for a short time frame during which the senior can learn skills needed to secure full time employment. All positions pay minimum or slightly higher and most do not have any benefits.

THE ALTERNATIVES PROGRAM

Provides home-based and supportive services to enable seniors to remain independent in their own homes. The program is an alternative to placement in a long-term care facility.

WHO IS ELIGIBLE?

- Those adults who meet asset and income standards and are at medium to high risk of requiring care in a nursing home.
- A trained representative of an AAA using the DAAS approved assessment must perform assessments.

TIP



Most of these clients will be 60 and above but sometimes a disabled adult 18 or over can qualify.

HOW ARE SERVICES OBTAINED?

By calling the local AAA. Each AAA has an intake and assessment team.

TIPS



- This is not an entitlement program and funds are limited. Therefore, an eligible person may be placed on a waiting list.
- All clients are required to participate in paying for services. Fees are based upon the client's and spouses adjusted income. In special circumstances, the AAA Director may waive the fee payment. If the client's income and/or assets preclude them from being eligible for the Alternatives Program, the client may obtain services by paying the actual costs.

WHAT TYPES OF SERVICES ARE AVAILABLE IN THE ALTERNATIVES PROGRAM?

- Case management
- Home delivered meals
- Chore services
- Personal Care Aides
- Adults Day Care
- Homemaking assistance
- Transportation

WHO PROVIDES THE SERVICES?

Services are provided through the local AAA. Every effort is made to involve the client's family in the care provided to the client.

TIP

While services are available in all areas of the state, the actual array of services will vary from area to area.

UTAH FAMILY CAREGIVER SUPPORT PROGRAM (UCSP)

Provides information, assistance, support, caregiver training, counseling, respite, and supplemental services to:

- Caregivers of adults 60 years or older suffering from chronic, long-term illness or conditions;
- Caregivers 60 years of age or older who are caring for persons with mental retardation and related developmental disabilities, and
- Grandparents and other relative caregivers of minor children, where the level of care giving responsibilities creates stress and other sources of informal relief are not sufficient.

WHO IS ELIGIBLE?

Adults who meet the following requirements:

- Those adults who meet the criteria found in the DAAS approved assessment tool
- Services are provided to family caregivers, and older individuals who are relative caregivers
- Priority is given to older individuals who are in greatest social and economic need (with particular attention to low-income older individuals), those residing in a rural or geographically isolated area, and older individuals providing care and support to persons with mental retardation and related developmental disabilities.
- There may be a waiting list for individuals to receive respite care or supplemental services.

WHAT SERVICES ARE OFFERED?

Services available to assist caregivers fall into 5 categories:

- Information to caregivers about available services;
- Individual, one-on-one assistance to caregivers in gaining access to the services in the form of information and assistance or case management;
- Individual counseling, organization of support groups, and caregiver training to caregivers in making decisions and solving problems relating to care giving roles;
- Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

ARE THERE COSTS INVOLVED?

- There are no fees for these services, but clients may be encouraged to participate in voluntary contributions for respite services and supplemental services.

- Services will not be denied if individuals do not participate in voluntary contributions.

HOW ARE SERVICES OBTAINED?

Services are obtained by contacting the local AAA.

TIP



UCSP provides services for caregivers of individuals who may otherwise be placed in nursing home. The intent is to make the care giving experience less stressful for the caregiver, so they may provide in-home and community based services for the person needing care.

SENIOR CENTERS

Provides a gathering place for older citizens to help prevent isolation and loneliness and to help keep seniors physically active and mentally alert.

WHO IS ELIGIBLE?

- All senior citizens 60 years of age and older.
- Spouse and disabled children of a person age 60 or older.

TIP



Some basic demographic information will be requested from all participants.

WHO PROVIDES THE SERVICES?

- DAAS contracts with the AAA's to deliver services.
- Many Senior Centers are owned by local communities who then contract with the AAA to provide services.

WHAT SERVICES ARE PROVIDED?

Most Senior Centers offer the following activities if funding permits:

- Physical activities like sports and fitness
- Field trips and other travel
- Interest groups
- Meals meeting the one-third Recommended Dietary Allowances and nutrition programs
- Adult education such as computer/educational classes
- Recreation activities

- Arts activities
- Health and wellness related services
- Information and assistance
- Transportation services to senior centers and medical appointments.
- Volunteer opportunities
- Employee assistance

In many communities senior centers are engaged in:

- Volunteering with children and youth
- Tutoring and mentoring
- Storytelling and other educational activities
- Sharing life's experiences with youth

WHERE ARE SERVICES LOCATED?

- There are 108 Senior Centers throughout the state. Local AAA's help provide or refer seniors to the appropriate place for services.
- Contact the local AAA for addresses, phone numbers and times of operation.

DESIGNATED AREA AGENCIES ON AGING		
Bear River Area Agency on Aging <u>Box Elder, Cache, Rich (District I)</u> Michelle Benson, Aging Services Dir. 170 North Main Logan, Utah 84321 Phone: (435) 752-7242 Fax: (435) 752-6962 E-mail: Michelleb@brag.dst.ut.us	Davis County Council on Aging <u>Davis (District IIC)</u> Rich Connelly, Acting Director Courthouse Annex 50 East State (P.O. Box 618) Farmington, Utah 84025 Phone: (801) 451-3370; 451-3377 Fax: (801) 451-3434 E-mail: rconnelly@co.davis.ut.us	Five-County Area Agency on Aging <u>Beaver, Garfield, Iron, Kane, Washington (District V)</u> Bob Rasmussen, Director 906 North 1400 West (P.O. Box 1550) St. George, Utah 84770 Phones: (435) 673-3548 (St. George) Phones: (435) 586-2975 (Cedar City) Phones: (435) 676-2281 (Panguitch) Fax: (435) 673-540 E-mail: brasmussen@fcaog.state.ut.us
Mountainland Dept. Of AAS <u>Summit, Utah, Wasatch (District III)</u> Ted Livingston, Director 586 East 800 North Orem, Utah 84097-4146 Phone: (801) 229-3800 Fax: (801) 229-3801 Website: www.mountainland.org E-Mail: tlivingston@mountainland.org	Salt Lake County Aging Services <u>Salt Lake (District IIB)</u> Shauna O'Neil, Director 2001 South State, #S 1500 Salt Lake City, Utah 84190-2300 Outreach: (801) 468-2480 Phone: (801) 468-2454 Fax: (801) 468-2852 E-mail: soneil@co.slc.ut.us	San Juan County AAS <u>San Juan (District VIIIB)</u> Rick Bailey, Director 117 South Main (P.O. Box 9) Monticello, Utah 84535-0009 Phone: (435) 587-3225 Fax: (435) 587-2447 E-mail: sanjaun.rbailey@state.ut.us E-mail: sanjaun.mbanks@state.ut.us

Six County Area Agency on Aging <u>Juab, Millard, Piute, Sanpete, Sevier, Wayne</u> <i>(District IV)</i> Ross bumgardner, Director- ext 26 250 North Main, Room 5 P.O. Box 820 Richfield, Utah 84701 Phone: (435) 896-9222 Fax: (435) 896-6951 E-Mail: rbumgard@sixaog.state.ut.us	Southeastern Utah AAA <u>Carbon, Emery, Grand</u> <i>(District VIIA)</i> Maughan Guymon, Director 375 South Carbon Avenue P.O. Drawer 1106 Technical Assistance Center Price, Utah 84501 Phone: (435) 637-4268 Fax: (435) 637-5448 E-mail: mguymon@seualg.dst.ut.us	Tooele Div. of Aging & Adult Services <u>Tooele</u> <i>(District IIT)</i> Butch Dymock, Director 59 East Vine Street Tooele, Utah 84074 Phone: (435) 882-2870 Fax: (435) 882-6971 E-mail: bdymock@co.tooele.ut.us
Uintah Basin Area Agency on Aging <u>Daggett, Duchesne</u> <i>(District VIA)</i> Diana Jenson, Director 855 East 200 North (112-3) Roosevelt, Utah 84066 Phone: (435) 722-4518 Fax: (435) 722-4890 E-mail: dianaj@ubtanet.com	Uintah County Area Agency on Aging <u>Uintah County</u> <i>(District VIC)</i> Joan Janes, Director 155 South 100 West Vernal, Utah 84078 Phone: (435) 789-2169 Fax: (435) 789-2171 E-mail: jjanes@co.uintah.ut.us	Weber Area Agency on Aging <u>Morgan, Weber</u> <i>(District IIA)</i> Kelly VanNoy, Associate Director 237 26 th Street, Suite 320 Ogden, UT 84401 Phone: (801) 625-3770 Fax: (801) 778-6830 E-mail: kellyv@weberhs.org

ADMINISTRATION

Mailing & Street Address:

120 North 200 West, Room 325
Salt Lake City, Utah 84103
(801) 538-3910; Fax (801) 538-4395

Helen Goddard	Director	(801) 538-3910
Sheldon B. Elman	Assistant Director	(801) 538-3910
Ron Stromberg	Assistant Director (APS)	(801) 538-3910
Terri Ruesch	Administrative Secretary	(801) 538-3919

ACRONYMS & DEFINITIONS

AAA:	Area Agency on Aging: The governmental organization designated by the Division as being responsible for providing the Older Americans Act and related services to seniors. There are 12 in Utah. Addresses and phone numbers are attached to this document.
Adult Day Care:	Care provided to a person in a facility licensed to provide care during the day.
Case management:	Assessment, reassessment, determination of eligibility, development of a care plan, ongoing documentation, arranging client specific services, client monitoring and follow-up. Case management may include linking the client with appropriate community services.
Chore services:	Services required by frail seniors that may include lawn care, minor repairs, snow removal, wood cutting, etc
CMS:	Center for Medicare and Medicaid Services: The federal organization responsible for administering the Medicare and Medicaid programs.

Coinsurance:	Percentage of the Medicare approved amount the client has to pay after the deductible is paid.
Frailty:	A clinical description of a person's physical or cognitive condition that impairs their ability to perform activities of daily living.
HDM's:	Home-Delivered Meals: Known as "Meals on Wheels". Provided to an eligible homebound senior.
Homemaking assistance:	Services which provide assistance in maintaining the client's home environment and home management.
Information and assistance/referral:	Information on where assistance can be obtained.
In-home services:	An array of services designed to enable a frail senior to remain in his/her home.
Limited Legal Services:	Services include age discrimination, consumer fraud, estate planning and simple wills, home ownership and housing issues, guardianship and payee issues.
Medicare Part A:	The part of the Medicare insurance program that pays for the inpatient hospital stays. Most seniors are eligible for this insurance coverage at no cost.
Medicare Part B:	The part of the Medicare insurance program that pays for doctor bills, out patient care and some other medical services. There is a monthly premium for this coverage.
NPE:	Nutrition Program for the Elderly: The official name for the congregate and home-delivered meals programs funded by the federal government.
Personal Care Aides:	Person qualified to assist a frail senior perform activities of daily living in a home setting and may include bathing, dressing, getting in and out of bed, etc.
Personal and home health care:	Assistance with activities of daily living in a home setting.
SCSEP:	Senior Community Service Employment Program: Program that provides training opportunities and limited subsidized part-time employment for eligible seniors 55 years and older.
Title V:	Senior Employment Program: Section of the Older Americans Act that authorized the senior employment program (Also known as SCSEP—see above).
Transportation:	Scheduled transport to senior centers, medical clinics, etc.

DIVISION OF CHILD & FAMILY SERVICES (DCFS)

WHAT DOES DCFS DO?

Protects children from abuse, neglect, or dependency and serves families experiencing domestic violence.

HOW ARE ABUSE, NEGLECT, AND DEPENDENCY DEFINED?

- Abuse:
 - ▶ physical harm to a child that is not accidental, such as bruises, welts, burns, cuts and broken bones.
 - ▶ sexual contact including rape, sodomy, and fondling. Sexual exploitation including use of children for pornography and prostitution.
 - ▶ demeaning or derogatory remarks that significantly affect the child's development such as: threatening, rejecting, terrorizing behavior or language, pattern of psychologically destructive behavior.
- Neglect: Lack of care by parents that causes harm to a child, including lack of food, clothing, shelter, supervision or medical attention. Educational neglect is the failure to ensure a child receives an appropriate education.
- Dependency: A child who is homeless or without proper care through no-fault of the parent—which may mean the parent is in jail or in the hospital and is unable to care for the child. The child may also be dependent due to the parent's lack of resources or knowledge that is needed in order to care for the child.

WHAT IS THE DIVISION'S PHILOSOPHY?

The Practice Model Principles and Skills provide the philosophy and framework for how DCFS caseworkers do their jobs. It is a way of doing business and the way caseworkers relate to families and to their partner agencies.

- The Principles are the foundation of work in DCFS; the philosophy behind how the Division operates. They include:
 - ▶ protection
 - ▶ development
 - ▶ permanency
 - ▶ cultural responsiveness
 - ▶ partnership
 - ▶ organizational competence
 - ▶ professional competence
- The Skills are the techniques and tasks caseworkers use to help families achieve their goals. They include:
 - ▶ engaging
 - ▶ teaming
 - ▶ assessing
 - ▶ planning
 - ▶ intervening

WHO IS ELIGIBLE FOR DCFS SERVICES?

- Children, ages 0-18, who are at risk of or who have experienced abuse, neglect or dependency.
- Victims/families of domestic violence.

TIPS



- The following are not eligible for services through DCFS:
 - ▶ an ungovernable or out of control teenager
 - ▶ a truant child
 - ▶ a child who is violating curfew
 - ▶ a child who is a runaway
- Some of the children in custody of DCFS may have these types of problems but there must be abuse, neglect or dependency issues in order for DCFS to be involved.

WHAT SERVICES DOES DCFS PROVIDE?

- Child Protective Services
- Out-of-Home Care
- Home-Based Services
- Adoption Services
- Domestic Violence
- Prevention Services

CHILD PROTECTIVE SERVICES

- Receives reports of possible abuse, neglect, or dependency.
- Investigates the reports.
- Determines whether the child is at risk for further harm.
- Provides temporary shelter care if it is necessary to remove a child from his/her home.

TIP



CPS is the most likely entry point for services that provide for the safety and well being of a child and family.

HOW IS ABUSE/NEGLECT REPORTED? WHAT IS A REFERRAL?

Utah law requires any person who has reason to believe that a child has been subjected to abuse, neglect or dependency to immediately notify the **nearest DCFS office, a peace officer, or law enforcement agency**. This is called a **Referral**.

TIPS



- Abuse, neglect, or dependency of a child can be physical, emotional, or sexual.
- The Child Abuse Hotline should be contacted to report abuse/neglect and is available 24 hours a day.
 - ▶ in Salt Lake County the number is (801) 538-4377
 - ▶ in Davis County the number is (801) 549-1298
 - ▶ the statewide hotline number is (800) 678-9399

WHAT HAPPENS WHEN A REFERRAL IS MADE?

- Based on information gathered during the referral, the intake worker assesses the immediate risk/danger to the child and determines a "priority". The priority determines the timeframe in which DCFS will respond to the referral.
 - ▶ priority #1: The child is in immediate need of protection—a face-to-face contact with the victim is required within 60 minutes (or within 3 hours if in a rural setting).
 - ▶ priority #2: Physical evidence is at risk of being lost without quick contact—a face-to-face contact must be made within 24 hours.
 - ▶ priority #3: Low risk to the child which requires face-to-face contact by midnight of the 3rd working day.
 - ▶ priority #4: No safety issues identified but face-to-face contact must be made by midnight of the 5th working day.
- After the priority is determined, the case is assigned to a Child Protective Service (CPS) Worker for a Protective Service Investigation.

WHAT IS A PROTECTIVE SERVICE INVESTIGATION?

- Child Protective Service investigations assess whether abuse or neglect has occurred and determine: 1) the risk of further harm, and 2) the family's strengths that decrease the risk and increase safety for the child.
- The investigation includes face-to-face contact with the victim, interviews with those having information about the child/family situation, gathering records and personal information, and collecting evidence to determine the validity of the referral.
- At the conclusion of the investigation, the CPS worker determines if the referral is either:
 - ▶ supported: the allegations of abuse/neglect occurred.
 - ▶ unsupported: information was unavailable or insufficient to support the allegations.
 - ▶ without merit: the allegations were determined to be false.

WHAT HAPPENS IF THE INVESTIGATION FINDS THAT ABUSE, NEGLECT, OR DEPENDENCY HAS OCCURRED?

- If the threat to the child's safety is low, the child may be left in the home and the family receives **home-based services**.
- If the risk is high and further harm seems likely, the child may be removed from the home immediately and placed in a temporary shelter. The child and family then receives **out-of-home services**.
- In instances where there is insufficient evidence to determine if abuse occurred, the case is closed without further intervention.

TIP



While removing the child from home to a safe place may seem the fastest, most certain way of guaranteeing the child's safety, it is also the most traumatic and disruptive intervention for both the child and the family. For this reason, a child may not automatically be removed from home if abuse/neglect is found. If the risk of further harm is determined to be low, services may be offered in the home instead.

HOW DOES DCFS PLAN SERVICES FOR CHILDREN AND FAMILIES RECEIVING ITS SERVICES?

When a child and family receive home-based or out-of-home services a Child and Family Team is established for the child. This team develops a unified child and family plan.

HOW DOES A CHILD AND FAMILY TEAM WORK?

- Family members and community partners work together to develop an intervention and support plan for the child and parents, which will enable the child and parents to live together safely and constructively.
- All people having an interest in or involvement with the child (the child, if 12 or older, parents/guardians, foster parents, education representative, and all agencies) are invited to the Child and Family Team meeting.
- The goal of the meeting is to develop a **unified child and family plan** based on the child and family's identified strengths and needs.
- The plan focuses on the desired outcomes for the child and family, identifies the services needed to assist in achieving the desired results, and ensures that transitions are made appropriately. The plan includes what each team member will do to assist the child and parent.

HOME-BASED SERVICES

- Designed to provide immediate interventions so that the child does not need to be removed from the home.
- Services reduce the risk of re-abuse and neglect and strengthen the family's ability to provide care on its own.

- The intensity of services varies depending on the strengths and needs of the family, as identified by the Child and Family Team.
- In-home services include:
 - ▶ counseling with parents and children
 - ▶ parenting education
 - ▶ budgeting and financial help
 - ▶ crisis intervention
 - ▶ sex abuse treatment
 - ▶ connection with other resources
 - ▶ frequent visits with the family
- These services can also be used when a child is being reunified with his or her family after being in out-of-home care.

OUT-OF-HOME SERVICES

In situations where a child is endangered and services to the family cannot assure protection at home, the child is removed from his/her home and placed in out-of-home care.

WHY IS A CHILD REMOVED FROM HIS/HER HOME?

- The risk for further abuse is high.
- The child cannot be protected from maltreatment while in the home.
- Not enough safety and protection factors are in place to prevent further harm to the child.

TIPS



Safety factors include such things as:

- A reliable, stable caregiver;
- Having a home or safe place to live;
- Having a relative or friend who can provide respite when a crisis arises;
- Having sufficient food and clothing;
- Having appropriate utilities in the home; and
- Having access to medical care if a medical crisis is indicated, etc.

WHAT HAPPENS WHEN A CHILD IS REMOVED FROM HIS/HER HOME?

- A **multi-disciplinary staffing** is held within 24 hours after the child is removed to review the circumstances regarding removing the child from home. At this meeting the group discusses: safety and protection issues, availability of family and kinship care, medical/dental/mental health needs of the child, education, appropriate placement and permanency goals, and other pertinent information about the child and family.
- The child is assigned a DCFS caseworker.
- The child is assigned a **Guardian Ad Litem (GAL)**.

- ▶ a Guardian Ad Litem is an individual (usually an attorney) that is appointed by the court to represent the child.
 - ▶ a GAL is appointed for every child who comes to court on an allegation of abuse/neglect.
- Using the information gained at the 24-hour staffing, DCFS makes a recommendation to the Juvenile Court Judge. The judge determines if the child will be:
 - ▶ placed in the temporary custody of DCFS;
 - ▶ placed in kinship care with a relative;
 - ▶ placed in an out-of-home placement – foster care, group home, etc.; or
 - ▶ returned home—with or without further court jurisdiction or supervision.
- A **Family and Child Service Team** is established for each child.

WHAT ARE OUT-OF-HOME SERVICES?

Services that ensure the child is safe and provides for the child's health and well being in an appropriate, temporary placement.

HOW LONG DOES A CHILD REMAIN IN OUT-OF-HOME CARE?

A child remains in an out of home placement until reunification, permanent guardianship, adoption or independent living can be attained. Within the initial 12 months of placement the focus in most cases is reunifying the child with the parents. Utah laws give parents 12 months to make the changes in their lives that would allow their child to safely return to their home. At 12 months a judge will review the case and if reunification does not appear immanent other goals such as permanent guardianship, adoption, or independent living may be explored. However, in some instances, the severity of the abuse is so great, the judge determines reunification is not appropriate and DCFS seeks other permanency option as described above.

HOW DOES A CHILD IN DCFS CUSTODY RECEIVE HEALTH SERVICES?

All children in DCFS custody receive a medical, dental, and mental health assessment within 30 days of entering custody. Health services are provided based on needs identified during the assessments.

WHEN A CHILD IS PLACED IN AN OUT-OF-HOME SETTING, HOW IS THE PLACEMENT FACILITY DETERMINED?

- Children are placed in the least restrictive setting and as close to home as possible, given the type of services needed.
- DCFS will always search to find relatives or kin who are willing and able to care for the child. If a relative can't be found, then other options are explored.
- Residential treatment options are available for children and youth who may need more intensive short-term treatment to prepare them to return to a family setting.
- Placement Committees have been created in each region to assist in matching the needs of children to a family or program best suited to meet those needs.

DIFFERENT TYPES OF OUT-OF-HOME CARE

- Kinship Care (Care in the home of a relative)
- Foster Care
- Residential/Group Care
- Independent Living

KINSHIP CARE

- Full time care, nurturing, and protection of a child by relatives when a court determines the child cannot be cared for safely by his/her parents.
- It is the first option considered when a child must be separated from his/her parents.
- An assessment is conducted to determine the ability and willingness of the relative to provide a safe, stable, nurturing home for the child.
- Three types of kinship care are available:
 - temporary custody and guardianship to the relative and court-ordered services provided by DCFS. The relative is referred to the Department of Workforce Services to apply for a “specified relative grant” to assist in caring for the child.
 - temporary custody and guardianship to DCFS, licensed foster care with the relative, and out of home services provided by DCFS.
 - permanent custody and guardianship to the relative and services provided by DCFS when requested by the relative.

FOSTER CARE

- Provided to children in state custody who have no relatives with whom they can be placed and cannot immediately return home due to safety issues.
- A temporary placement with a family who will provide safety, nurturing, support, and role models.
- Three levels of foster care exist—basic, specialized, structured. Children are placed in the different levels based upon the level of care required.
- All foster care families receive training by the Foster Care Foundation prior to placement of a child in their home. Foster parents are required to meet licensing standards and pass a background check (completed for all members of the household ages 18 and older).

RESIDENTIAL/GROUP CARE

- Placements for children who have treatment needs or behavior issues that are too extensive for foster homes.
- Provides a more restrictive environment and intensive treatment services than foster home care.

- Services are provided by private providers and range from group homes to institutional care.

INDEPENDENT LIVING

- Services to prepare youth, ages 16 and over, to transition from foster care to living independently.


ADOPTION SERVICES

- Provide a permanent adoptive home for each child in DCFS custody who is legally available for adoption, and adoption is the most appropriate goal.
- Adoptions may be made by relatives, foster families who have fostered the child, or other families seeking additional children for their family.
- May also provide ongoing support and a monetary adoption subsidy to an adoptive family of a child with special needs to help maintain permanency for the child.
- Post adoption services such as training and support groups are available.

DOMESTIC VIOLENCE SERVICES

Designed to eliminate physical, psychological, and sexual abuse between cohabiting partners and to stop the intergenerational cycle of family violence through prevention, treatment, and related services. These services include:

- Emergency Shelter
- Victim/Child Treatment
- Perpetrator Treatment

TIP 	1-800-897-LINK (5465) is a toll free (within Utah) Information and Referral Hotline available for any person wanting to obtain information about Domestic Violence resources, including shelter, treatment, advocacy, and legal services.
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CHILD ABUSE PREVENTION SERVICES

Designed to prevent the occurrence or recurrence of child abuse, neglect, dependency, or exploitation. The Division partners with a variety of community-based education and service programs to provide prevention activities including:

- Child Abuse Prevention Education and Advocacy—general information to the public.
- Crisis Respite Care—A place such as a Family Support Center or short-term caregiver where a parent can leave their child for up to 72 hours when the parent feels they might harm the child.
- Parenting Skills and Training Classes—taught either individually or as a group.

WHEN IS THE OFFICE OF RECOVERY SERVICES (ORS) INVOLVED WITH A DCFS CASE?

The caseworker notifies ORS when a child enters custody and the parents are required to meet with ORS within 10 days as ordered by the court to make arrangements for child support. (Please see the ORS section for further information.)

WHAT DO I DO WHEN I HAVE A COMPLAINT ABOUT DCFS SERVICES?

- The best process to use when concerned about a DCFS case is to contact the caseworker or supervisor assigned to the case.
- DCFS also has a constituent service representative who handles concerns and complaints that are brought to the attention of the State Office. For more information about Constituent Services, please contact Duane Betournay at (801) 538-4341.

PRACTICE MODEL

Practice Model Principles

The seven principles provide the foundation and philosophy for how caseworkers do their jobs.

- Protection – Children’s safety is paramount; children and adults have a right to live free from abuse.
- Development --Children and families need consistent nurturing in a healthy environment to achieve their development potential.
- Permanency – All children need and are entitled to enduring relationships that provide a family, stability and belonging, and a sense of self that connects children to their past, present and future.
- Cultural Responsiveness – Children and families are to be understood within the context of their own family rules, traditions, history, and culture.
- Partnership – The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.
- Organizational Competence – Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.
- Professional Competence - Children and families need a relationship with an accepting, concerned, empathic worker who can confront difficult issues and effectively assist them in their process toward positive change.

Practice Model Skills

The five skills are the techniques and tasks case workers use to help families achieve their goals.

- Engaging – Establishing a trusting relationship with children, parents, family supports, and other professional partners for the purpose of sustaining the work that is to be accomplished together.
- Teaming – Assembling a team with the child and family. The child and family team is chosen with the family and includes the family's formal and informal supports who will assess and plan with the family at Child and Family Team Meetings. Child welfare is a community effort that requires a team.
- Assessing – Working with the family to find the strengths that the family has and can use to meet their needs. The Functional Assessment uses the practice principles to guide the gathering of different types of information with the family and from professionals who also are team members. Assessment information is shared within the team to assess needs that will be addressed in the Child and Family Plan.
- Planning – Using assessment information to plan with the child and family team to create an individualized plan that addresses the family's strengths and needs and provides support for making changes. A planning cycle includes:
 - ▶ assessing strengths and needs of the child and family;
 - ▶ assessing resources within and outside the team;
 - ▶ agreeing on desired results;
 - ▶ agreeing on steps to be taken by the team;
 - ▶ evaluating the effectiveness of the plan;
 - ▶ reworking the plan as needed;
 - ▶ celebrating successes;
 - ▶ making decisions about implementation effectiveness.

The Child and Family Plan includes four components: The Family Development Plan, Safety Agreements, Transitions Plans, and Crisis Plans.

- Intervening – Interacting with children and families in ways that will decrease risk, provide for safety, promote permanence, and establish well being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent's pattern of thinking about their child. The primary intervention is to create a "wraparound" process for the family based on child and family team planning that supports a family after the agency involvement is over.

WHERE ARE DCFS OFFICES LOCATED?

REGION & COUNTY	REGION ADMIN MAIN OFFICE	OFFICES			
Northern Box Elder Cache Davis Morgan Rich Weber	950 East 25 th Street Ogden , 84401-2626 (801) 629-5800	1050 S. 500 W PO Box 1000 Brigham City , 84302-4715 (435) 734-4075	1350 E 1450 S PO Box 825 Clearfield , 84015-1611 (801) 776-7300	115 W Golf Course Rd. Suite B Logan , 84321-5951 (435) 787-3400	528 West 100 North Bountiful 84101 (801) 397-7640
			The Layton Office has been moved to the Clearfield Office.		
Salt Lake Valley Salt Lake Granite Tooele Cottonwood	645 East 4500 South SLC , 84107-2968 (801)264-7500 * VH	1715 W 700 N #201 SLC , 84116-1801 (801)333-3500	1385 South State St SLC, 84115 (801)468-0057	1385 South State St 3 rd fl SLC , 84115 (801)468-0057	120 N 200 W RM 429 SLC, 84103 INTAKE 538-4377 Gene Ashdown
		4250 W. 5415 S Kearns , 84118 (801)955-2630	5801 Fashion Blvd Murray , 84107-6159 (801)281-5100	4122 S 1785 W WVC , 84119 (801) 982-2500	305 North Main St Tooele , 84074-1665 (435)833-7350
		5801 Fashion Blvd Murray , 84107-6159 (801)281-5100	5801 Fashion Blvd Murray , 84107-6159 (801)281-5100	8370 W 3500 S Magna , 84404-1870 (801)252-3560	
Western Juab Millard Utah Wasatch Summit	150 EAST CENTER ST- 5100 Provo , 84606-3157 (801) 374-7005 * WP	578 East 300 South American Fork , 84003 (801) 492-3320	39 South 300 East PO Box 1038 Delta , 84624-9001 (435)864-3869	55 West 100 North PO Box 589 Fillmore , 84631-4545 (435)743-6611	69 North 600 West Heber City , 84032-1648 (435)657-4200
		555 East 800 South PO Box 47 Nephi , 84648-1402 (435)623-7207	607 East Kirby Lane Spanish Fork, UT 84660 (801)794-6700	1764 Prospector PO Box 680247 Park City , 84068 (435)649-6019	
Southwest Beaver Garfield Kane Iron Piute Sanpete Sevier Washington Wayne	856 Sage Drive Suite 7 Cedar City , 84720-1876 (435)867-2760 * SC	875 North Main St PO Box 72 Beaver , 84713-0072 (435)438-2280	106 N 100 E Cedar City , 84720-2608 (435)865-5600	310 South 100 East Kanab , 84741-3632 (435)644-4530	10 South Main Loa , 84747 (435)836-2734
		50 So. Main St #25 Manti , 84642-1349 (435)835-0780	665 North Main St PO Box 395 Panguitch , 84759 (435)676-8867	201 East 500 North Richfield , 84701-2251 (435)896-1250 * SR	377E Riverside Dr. St. George , 84790-6714 (435)652-2960
Eastern Carbon Daggett Duchesne Emery Grand San Juan Uintah	475 West Price River Dr, #152 Price , 84501-2838 (435)636-2360 * EP	522 North 100 East Blanding , 84511-2707 (435)678-1491	1052 West Market Dr. Vernal , 84078-2398 (435)781-4250	690 East Main St PO Box 878 Castle Dale 84513 (435)381-4730	PO Box 808 Fort Duchesne 84026 (435)247-2534
		1165 South Hwy 191 #1 PO Box 1030 Moab , 84532-3062 (435)259-3720	16 East 300 South PO Box 610 Monticello , 84535 (435)587-2016	140 W 425 S 330-15 Roosevelt , 84066-3701 (435)722-6550	

ADMINISTRATION

Mailing Address

P.O. Box 45500
Salt Lake City, Utah 84134-0500
(801) 538-4100; Fax: (801) 538-3993

Street Address

120 North 200 West, Room 225
Salt Lake City, Utah 84145

Richard Anderson	Director	(801) 538-4100
Patti Van Wagoner	Deputy Director	(801) 538-4527
Adam Trupp	Policy, Planning & Legal Administration	(801) 538-8258
Jack Green	Finance & Information Systems Director	(801) 538-4466
Duane Betournay	Constituent Services & Legislative Support	(801) 538-4341
Linda Wininger	Milestone Coordinator	(801) 538-4535
Charlotte Gibbons	CPS Specialist	(801) 538-4149
Kate Jensen	Domestic Violence Specialist	(801) 538-3909
LeRoy Franke	Adoption/Permanency Specialist	(801) 538-4078
Reba Nissen	In Home Care/Prevention Specialist	(801) 538-4103
Savania Tsosie	Indian Child Welfare Specialist	(801) 538-4146
Angela Khairallah	Out-of-Home/Kinship Specialist	(801) 538-4316
Mary Steck	Administrative Secretary	(801) 538-4089

ACRONYMS & DEFINITIONS

Educational Neglect: Failure or refusal by a parent to ensure that a child receives an appropriate education.

Emotional Maltreatment: Demeaning or derogatory remarks that significantly affect the child's development, threatening, rejecting, terrorizing behavior or language, pattern of psychologically destructive behavior.

Guardianship: Provides a long-term permanent living arrangement for the child with a relative or foster parent. The guardian has the authority to consent to the child's marriage and education, and authorize medical or other professional care and treatment.

ICAMA **Interstate Compact on Adoption and Medical Assistance:** Requires that a "residence state" provide Medicaid and Title XX social services to children who have adoption assistance agreements from other states.

ICPC **Interstate Compact on the Placement of Children:** A binding contract between two states that allows a child to be placed in another state. No child in the custody of DCFS can be placed without going through this process obtaining the necessary approvals from the sending and receiving states. For further information contact Mike Chapman, 801-538-4100.

ICWA:	Indian Child Welfare: A federal law that sets minimum standards for state courts to follow in Indian child custody proceedings. It is designed to strengthen and preserve Native American families.
Permanency:	Goal to provide a permanent safe and nurturing home for a child. Most children achieve this goal by returning home to their parents. If this is not possible, the child is provided a permanent home through guardianship, adoption or independent living.
Risk Assessment:	A tool to gather information about the family's strengths and needs that helps a worker determine the degree of potential harm to a child. This helps a worker to determine the safety and protection elements that need to be in place for the child to remain in the home.
Safety Assessment:	Used to gather information to determine if a child will be safe and protected. The worker will ask questions such as, "Is there a parent or caregiver who is responsible to protect the child from harm?" "Is there a home/shelter with adequate heating, plumbing, etc?" "Is there food in the home?" "Is there a relative, friend, neighbor or responsible person who can be called upon to help during a crisis?"

DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES (DSPD)

WHAT DOES DSPD DO?

Provides long-term supports and services for people with disabilities so they can participate fully in their communities and in Utah life. The Division also promotes public awareness and acceptance of people with disabilities.

WHO IS ELIGIBLE FOR SERVICES?

Children and adults **may** be eligible for services if they have the following qualifying disabilities:

- Mental retardation: a disorder in which a person's overall intellectual functioning is well below average--an intelligence quotient (IQ) of 70 or less. Individuals with mental retardation have a significantly impaired ability to cope with common life demands and lack some daily living skills expected of people in their age group and culture. The impairment may interfere with learning, communication, self-care, independent living, social interaction, play, work, and safety. Mental retardation appears in childhood, before age 18.
- Cerebral palsy: a medical condition caused by a permanent brain injury that occurs before, during, or shortly after birth. It is characterized by a lack of muscle control and body movement.
- Autism: a disorder of brain function that appears early in life before the age of 3. Children with autism have problems with social interaction, communication, imagination, and behavior.
- Severe epilepsy: a chronic brain disorder that causes seizures, characterized by a variety of symptoms including uncontrolled body movements, disorientation or confusion, or loss of consciousness. Epilepsy may result from a head injury, stroke, brain tumor, lead poisoning, genetic conditions, or severe infections.
- Acquired brain injury: the result of a traumatic injury to the head or a stroke, hypoxia, toxic exposure, or intracranial surgery that results in substantial impairment in cognitive abilities or physical functioning.
- Adults with physical disabilities who cannot use 2 or more limbs.

and if they

have severe functional limitations that are likely to continue throughout their life in three or more of the following life activity areas:

- Self-care: a person requires assistance or training in eating, toileting, bathing, dressing or grooming.
- Receptive and expressive language: a person who lacks functional communication and does not demonstrate an understanding of simple two-step requests.
- Learning: see Mental Retardation above.

- Mobility: a person who requires assistive devices to be mobile and who cannot evacuate themselves in an emergency.
- Self-direction: a person who is significantly below average in making appropriate decisions relating to safety, legal, financial, or residential issues or someone who has been legally declared incompetent.
- Capacity to live independently: a person who does not have the basic survival skills necessary to live in the community or someone who is a significant danger to themselves or others.
- Capacity to become economically self-sufficient: An adult who receives disability benefits or who is unable to work 20 hours a week or is paid less than minimum wage without employment support.

TIPS



- The Division of Services for People with Disabilities is **not** the agency for people whose disability or primary need for treatment is due primarily to:
 - ▶ Mental illness or Behavior disorder (depending on how the behavioral disorder is defined and diagnosed)- Contact the local mental health agency.
 - ▶ Learning Disabilities- Contact local school.
 - ▶ Blindness or severe hearing impairment – Contact the local school district or the Division of Rehabilitation Services.
 - ▶ Conditions due to aging - Contact the local Area Agency on Aging.
- The Division of Services for People with Disabilities is not the only source of services and supports for people with disabilities. Other resources include:
 - ▶ the State Department of Health, which operates private intermediate care facilities (24 hour residential programs in a larger congregate living or institutional setting) for eligible individuals with mental retardation (ICF/MR).
 - ▶ the public education system provides many services for children with disabilities up to age 22.
 - ▶ the State Division of Rehabilitation Services provides short-term services.
- People receiving services from the Division of Services for People with Disabilities tend to be long-term consumers of Division services. Generally, people do not rotate in and out of Division services. New people can enter services only when funding becomes available due to increased legislative appropriations, a consumer moves out of the state, a consumer experiences a reduction in services, or a consumer passes away. Therefore, the Division maintains a **waiting list** of people who are eligible for services but for which funds are not yet available.

WHERE ARE SERVICES LOCATED?

American Fork Office 861 E 900 N American Fork UT 84003 (801) 763-4100 Fax (801) 763-4316	Blanding Office 522 North 100 East Blanding UT 84511 (435) 678-1440 Fax (435) 678-1445	Brigham City Office 1050 South 500 West Brigham City UT 84302 (435) 734-4075 FAX (435) 734-4078
Cedar City Office 106 North 100 East Cedar City UT 84720 (435) 865-5650 Fax (435) 865-5666	Clearfield Office 1350 East 1450 South Clearfield UT 84015 (801) 776-7300 Fax (801) 525-0392	Delta Office 39 South 300 East P O Box 1038 Delta UT 84624 (435) 864-3869 Fax (435) 864-2630
Heber Office 69 North 600 West Heber City UT 84032 (435) 657-4206 Fax (435) 657-4220	Layton Office 523 W Heritage Blvd, Suite 3 Layton UT 84041 (801) 779-6700 Fax (801) 779-6730	Logan Office 115 Golf Course Rd, Ste C Logan UT 84321 (435) 787-3450 Fax (435) 787-3469
Manti Office 50 South Main Street, Ste 5 Manti UT 84642 (435) 835-0795 Fax (435) 835-0798	Moab Office 1165 S Highway 191 Moab UT 84532 (435) 259-3728 Fax (435) 259-3739	Nephi Office 54 North Main Street P O Box 45 Nephi UT 84648 (435) 623-2431 Fax (435) 623-2892
Ogden Office 2540 Washington Blvd 3rd Floor Ogden UT 84402 (801) 626-3300 Fax (801) 626-3153	Park City Office 1764 Prospector Square Park City UT 84060 (435) 645-8703 Fax (435) 649-0351	Price Office 475 W Price River Dr #262 Price UT 84501 (435) 636-2390 Fax (435) 636-2397
Provo Office 150 East Center Street Provo UT 84606 (801) 374-7005 Fax (801) 374-7638	Richfield Office 201 East 500 North Richfield UT 84701 (435) 896-1281 Fax (435) 896-1272	Salt Lake City Office 655 East 4500 South, Suite 200 Salt Lake City UT 84107 (801) 264-7620 Fax (801) 264-7672
Spanish Fork Office 607 East Kirby Lane Spanish Fork, UT 84660 (801) 794-6700 Fax (801) 794-6686	St George Office 377 E Riverside Dr Bldg B Ste A St George UT 84790 (435) 674-3961 Fax (435) 674-3939	Tooele Office 305 North Main Street Tooele UT 84074 (435) 833-7355 Fax (435) 833-7345
Vernal Office 980 W. Market Drive Vernal, UT 84078 (435) 789-9336 Fax (435) 789-6639	Ut St Developmental Ctr 895 N 900 East American Fork UT 84003 (801) 763-4090 Fax (801) 763-4024	

WHAT ARE THE INTAKE AND REFERRAL PROCEDURES?

The first contact should be with the intake worker. The intake worker will discuss the information required and the associated timeframes for submitting the needed information. This information may include:

- Form 19 (Division's eligibility for services document), signed by a physician or psychologist, which certifies the diagnosis and severity of disability.
- Inventory for Client and Agency Planning (ICAP) form that identifies skills, deficits, and problem behaviors.
- Social history
- Psychological or medical evaluation

The intake worker uses this information to:

- Determine eligibility;
- Determine Medicaid eligibility;
- Identify needed services and supports; and
- Place people on the waiting list if funds for services are not immediately available.

TIP



A great deal of information is necessary to determine eligibility and to identify needed services. So, start the process as early as possible.

WHAT HAPPENS WHEN PEOPLE MEET ELIGIBILITY REQUIREMENTS, BUT DO NOT RECEIVE SERVICES RIGHT AWAY?

- Services are provided to those with the most critical needs when funding is available to pay for these services. More often than not, the Division is not able to offer immediate services to eligible individuals so they are placed on the waiting list.
- The Division determines how critical the need is by using a standardized evaluation called the Needs Assessment. Members of local committees assess an individual based on a variety of factors including:
 - ▶ severity of disability and problem behaviors exhibited;
 - ▶ family's strengths and weaknesses;
 - ▶ special medical needs;
 - ▶ health and safety issues;
 - ▶ availability of other resources;
 - ▶ projected deterioration of disability without services;
 - ▶ length of time without services.

A "needs" score is established which indicates the level of need. People with the highest scores have the first priority for services. This score determines a person's rank order on the waiting list.

TIPS



- The needs assessment can be redone if a person's situation changes or there is suspected change in one or more of the factors. To initiate this process, request another assessment from the intake worker and state the reasons why.
- Currently, there are about 1,900 people waiting for services for which funding is not available. Funding is based on legislative appropriations.

WHO PROVIDES SERVICES?

PRIVATE PROVIDER MODEL

- The Division contracts with a number of independently owned providers that provide a variety of services across the state.

- Some providers specialize in a particular type of service or specialize in working with a particular type of disability.
- The state certifies and/or licenses these providers and closely monitors their services.

FAMILY MANAGED OR SELF-ADMINISTERED MODEL (SAM)

This option is typically limited to respite care and other types of family support. Families who choose this option must do the following:

- Hire and train their own staff and have more control over who provides the supports and services to their family member who has a disability;
- Hire a fiscal agent who is responsible for payroll functions;
- Comply with certain defined regulations;
- Complete administrative work that private providers generally do.

This is considered “sweat equity” so not all families are interested in, nor may be appropriate for, this option.

WHAT SERVICES ARE PROVIDED?

SERVICES FOR CHILDREN

- Respite Care: temporary care to relieve parents or caregivers from the day-to-day care they provide to the person with a disability.
- Family Assistance and Support: includes activities such as assistance with daily activities, help with therapies, assistive technology and/or environmental modifications.
- Host Home or Professional Parent Services: an out-of-home service in the private home of specially trained families. These families also have a variety of specialized backup services offered through a private provider agency.

SERVICES FOR ADULTS

- Supported Employment: includes job development, placement, intensive on-the-job training, and supervision by a job coach.
- Day Services: include daytime supervision and support to develop and maintain self-help skills, community living skills, social skills, and communication skills.
- Senior Supports: similar to day services, but designed for the needs of, and paced for, older adults.
- Respite Care: (See description listed for Services for Children.)
- Host Home: (See description listed for Services for Children.)
- Supported Living: services provided in the person’s home to help support the person’s independence.

- Supervised Living: residential services offered in a group home or supervised apartment. Level of supervision is determined by the individuals' needs and can vary from intensive 24-hour to intermittent supervision.
- Utah State Developmental Center: Utah's only state-operated intermediate care facility—a 24-hour institutional setting. The Center offers intensive medical, behavioral, psychological and dental services to those over age 18. Admissions are limited and require an intensive screening and court commitment process. Services are designed for:
 - ▶ very medically fragile individuals;
 - ▶ those requiring psychiatric evaluation and stabilization;
 - ▶ offenders who need intensive supervision;
 - ▶ those with severe disabilities who cannot be served in less restrictive settings.

TIP



The availability of these services is, in part, determined by the availability of funds. Because they are less expensive services, in-home services such as respite and family assistance or support tend to be more readily available or have shorter waits. Again, these are offered first to the people with the highest rated needs.

WHERE ARE SERVICES LOCATED?

The Division tries to insure that the full array of services is available throughout the state. However, the full array of services may be more limited in the rural parts of the state. The family-managed model has created more flexible options, particularly for rural residents who may have fewer available traditional services.

TIP



Specialized providers, for example, a provider who works primarily with people with autism, are more likely to be in urban areas of the state.

WHERE ARE SERVICES LOCATED?

Central Region 655 East 4500 South #200 Murray, Utah 84107 (801) 264-7620 Region Director: Georgia Baddley (801) 264-7617	Northern Region Clearfield Office 1350 East 1450 South Clearfield, Utah 84015 (801) 776-7300 Region Director: John Schoenfeld (801) 776-7436
Eastern Region Vernal Office 980 W. Market Drive Vernal, Utah 84078 (435) 789-9336 Region Director: Gerald Ulwelling (435) 789-9336 ext 1215	Western Region Provo Office 150 East Center Suite 5100 Provo, Utah 84606 (801) 374-7005 Region Director: Susan MacNamara (801) 374-7815

ADMINISTRATION

Mailing & Street Address

120 North 200 West, Suite 411
Salt Lake City, Utah 84103
(801) 538-4200; Fax (801) 538-4279

Fran Morse	Director	(801) 538-4190
George Kelner	Assoc. Div. Dir. of Service Delivery Systems	(801) 538-4208
Paul Day	Assoc. Div. Dir. of Admin. Support Systems	(801) 538-4118
Mike Rasmussen	Fiscal Management	(801) 538-4188
Alan Tribble	Eligibility/Rules	(801) 538-4351
Tammy Wood	Physical Disabilities Waiver	(801) 538-9864
Katie Kilpatrick	Traumatic Brain Injury Waiver	(801) 538-8244

ACRONYMS & DEFINITIONS

Assistive Technology:	Any type of device or service that can be used to increase, maintain, or improve the capability of persons with disabilities.
Brain Injury (BI) Waiver:	An approval to waive certain requirements in order to use Medicaid funds to assist people with traumatic brain injury.
Developmental Disability/Mental Retardation (MR/DD) Waiver:	An approval to waive certain Medicaid requirements in order to use funds to assist people with developmental disabilities and/or mental retardation.
Disability:	Mental retardation, autism, cerebral palsy or other developmental disability; brain injury; or severe physical disability that qualifies a person to receive Division funding.
Family Assistance & Supports/Family Support:	Assistance provided to families so they can care for family members with disabilities at home. The support includes, but is not limited to, respite care, cash assistance, in-home training, transportation, equipment, and therapeutic services.
Family-Service Plan (FSP) and/or Individual Service Plan (ISP):	A plan similar to a Person-Centered Plan to support families who have a child with a disability and/or an individual with a disability to live as much like other families and individuals as possible.
Family Council:	A group of parents who work together to improve the quality of life for people with disabilities and to advise local Division offices.

Fiscal Agent/Intermediary (FA/I):	A company that is hired to handle payroll duties for those who use the self-directed support model.
Home and Community Based Waiver (HC/BW):	An approval to waive certain requirements in order to use Medicaid funds for an array of home and community-based medical assistance services as an alternative to institutional care.
Host Home:	Specially trained individuals or families who care for a child or adult who may need out-of-home placement for a short or extended period of time.
Individual Education Plan (IEP):	Directs the services for a child with a disability in a school district.
Inclusion:	The process of enabling persons with disabilities to be educated, live, work and participate socially in the same environment as others who are not labeled disabled. Inclusion is also used by educators to refer to the integration of children with disabilities into regular classes for part or all the school day.
Intermediate Care Facility/ Mental Retardation (ICF/MR):	A 24-hour residential facility for persons with mental retardation.
Monthly Summary:	A summary of daily notes required at the end of each month to be given to the support coordinator. This is a Medicaid waiver requirement.
Natural Supports:	The family and people in the community who support the person with a disability (without payment).
Needs Assessment:	A tool used by the Division to prioritize the needs of individuals on the waiting list.
Plan to Achieve Self-Sufficiency (PASS) Plan:	Allows a person receiving Social Security benefits to set aside money received to help achieve self-sufficiency without losing benefits.
Person-Centered Plan (PCP):	A plan developed with and for a person with disabilities that describes the strengths, preferences, needs and the dreams of the individual and the supports and services required and desired.
Physical Disability (PD) Waiver:	An approval to waive certain requirements in order to use Medicaid funds for people with physical disabilities to help them maximize their independence in their choice of home, work, school, community and daily activities.

Provider Companies/ Provider Agencies:	Independent companies that contract with the Division to deliver supports and services to people with disabilities.
Rates:	The amount that the Division pays for each service/support for an individual to a provider company or individual.
Respite:	Temporary relief from the day-to-day care of a family member with a disability.
Self-Advocate:	A person with disabilities who advocates for their own supports.
Self-Determination:	The philosophy of empowering a client to develop and make their own choices and plans, and directing some or all aspects of their life.
Self-/Family-Directed Supports:	Supports and services directed by the person/family receiving the service.
Support Coordinator:	An employee of the Division who works with individuals with disabilities and their families to develop service and support plans, based on the individual's needs and wishes, and to coordinate and monitor the services and supports provided.
Support Strategies:	The detailed steps for accomplishing the outcomes of a Person-centered or Family-centered plan.
Transition:	The process of moving from one environment or stage of life to another. This often refers to a person with a disability leaving the school system and entering the adult world.
Waiting List:	A list of eligible individuals who have completed the application process for services but are not yet funded. The list is prioritized according to the Critical Needs Assessment.

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH (DSAMH)

WHAT DOES THE DSAMH Do?

- Ensures that mental health services for individuals with serious mental illness and substance abuse prevention and treatment services are available throughout the state.
- Contracts with local county governments (Local Substance Abuse Authorities and Local Mental Health Authorities) to provide prevention and treatment services.
- Monitors local mental health and substance abuse authorities through site visits, a year-end review process, and a peer review process.
- Provides technical assistance and training for local substance abuse authorities and local mental health authorities.
- Conducts research on the effectiveness of treatment and prevention and disseminates information to stakeholders and the public.
- Administers and supervises the Utah State Hospital which provides:
 - services for patients who need intermediate psychiatric hospitalization;
 - evaluation and treatment services for court ordered individuals who are or may be mentally ill.

LOCAL SUBSTANCE ABUSE AUTHORITY (LSAA)

County legislative body, generally a county commission, responsible for a comprehensive continuum of substance abuse services that meets the needs of residents in their area.

WHAT DOES A LSAA Do?

- Reviews and evaluates the substance abuse needs and services in their area.
- Prepares and submits a plan for substance abuse funding and service delivery to the Division of Substance Abuse and Mental Health.
- Provides treatment, prevention, and DUI services to the geographical area they represent.

SUBSTANCE ABUSE SERVICES

WHO IS ELIGIBLE FOR SUBSTANCE ABUSE SERVICES?

Any person who needs services is eligible, however, limited resources restrict the number of people who can be served. Each LSAA maintains a waiting list for services. Each list varies by population and service type. In addition, specific populations have priority for services. Priority for services follows the list below:

- Pregnant, injecting drug users
- Pregnant substance abusers

- Injecting drug users
- Women with dependent children and their children
- Females of childbearing age
- All other youth
- All other adults not referred by the justice system

TIPS



- A pregnant woman always moves to the top of the waiting list. A man outside the criminal justice system has the lowest priority for services.
- Over 60% of people receiving substance abuse treatment through the State/LSAA system are referred from the criminal justice system.

WHAT ARE THE INTAKE AND REFERRAL PROCEDURES?

- Call the LSAA to make an appointment for a screening/assessment.
- Any individual (family member, employer, other concerned party) can call the LSAA to make the appointment.
- The LSAA screens, then assesses the individual to determine the appropriate treatment level.
- A treatment plan is developed for the individual.

TIPS



- The toll-free referral number is **1-866-633-4673**.
- Private, for-profit substance abuse treatment centers are also available in the state, but these may be out of the financial reach of most clients.

HOW ARE CLIENTS ASSESSED?

Clients are assessed using the Addiction Severity Index (ASI)—the state mandated assessment instrument. Clients complete the assessment at intake by sitting down at a computer and answering approximately 250 questions. The ASI assesses clients in seven areas:

- General information
- Alcohol and other drug use—history and current use
- Employment, education, and financial status
- Family/social information
- Legal history and status
- Medical information
- Psychiatric and emotional well-being information

The ASI covers the seven areas because each has an impact on a person's substance use and recovery. Based on the results of this assessment, a client is matched with the appropriate treatment level.

WHAT SUBSTANCE ABUSE TREATMENT SERVICES ARE AVAILABLE?

All LSAA's are required to provide, or arrange to provide, the following continuum of services:

- Prevention Services (See below)
- Outpatient treatment: Designed for individuals who have substance abuse problems but do not suffer from medical or mental health issues, are ready to change, and have a stable living environment. Individuals attend once-a-week individual and/or group therapy for several weeks. Sessions address attitudes, behaviors, and lifestyle issues around substance use. Individuals also receive case management services to provide links to ancillary services.
- Intensive Outpatient treatment: Designed for individuals who have substance abuse problems and other complicating factors (e.g., medical or mental health problems), but would do better in their own living environment. Individuals participate in about 9 hours of therapy weekly and receive individual/group therapy, case management services, medication management, family therapy, recreational therapy, and psychiatric support as needed.
- Day treatment: Provides more intensive services more frequently (about 20 hours per week), but still on an outpatient basis. Services are offered in a 4-hour time block each day and allow individuals to attend school or work and live at home. Individuals receive services similar to those provided in Intensive Outpatient treatment.
- Detoxification: The first step for individuals with a severe, physical addiction. The 3 -7 day process halts substance use and stabilizes the individual medically.
- Residential/Inpatient treatment: After detoxification, individuals enter 24-hour live-in facilities that are staffed full-time with addiction treatment and mental health personnel. Individuals receive on-going medical and psychiatric support with therapy and case management services. Patients move to outpatient treatment as soon as possible.

TIP



Rural areas often do not have residential treatment facilities (the only rural residential facility is in St. George). These are typically only available in urban areas. However, if residential treatment is required, the rural LSAA can make the appropriate arrangements.

WHAT PREVENTION SERVICES ARE OFFERED?

Substance abuse prevention services target youth substance use and other adolescent problem behaviors such as delinquency, teen pregnancy, dropping out of school, and violence.

- Prevention Programs are divided into the following three classifications:
 - ▶ Universal: Targets the entire population. These programs focus on preventing or delaying alcohol and other drug use by providing information and skills necessary to prevent a substance problem.
 - ▶ Selective: Targets subsets of the population that are deemed to be at-risk for substance use (e.g., children of alcoholics, dropouts, students failing school).

- ▶ **Indicated:** Targets youth who are not addicted to substances but show early warning signs (e.g., consume alcohol and other drugs). These youth exhibit risk factors that increase their chances of developing a drug problem.
- Prevention services follow the **Risk and Protective Factor Model**, which identifies:
 - ▶ risk factors (e.g., availability of drugs, family history of the problem behavior, academic failure, early initiation)
 - ▶ protective factors (e.g., social skills, opportunities, family and community attachment).

These factors are present in the community, family, school and individuals. The larger the number of risk factors, the higher the probability of problem behavior. Protective factors help reduce the impact of the risk factors for problem behaviors.

Prevention programs focus on reducing the risk factors and increasing the protective factors.

- All children, grades K-12, participate in the State's Prevention Dimensions program, which is offered through the public schools. Other prevention programs offered around the state include:
 - ▶ Mentoring
 - ▶ Tutoring
 - ▶ Project Alert (2-year program offered in middle schools)
 - ▶ Parents Who Care (Parenting in the community)
 - ▶ Smart Moves (Violence prevention software program for middle school ages)
 - ▶ Reconnecting Youth (High school based program for youth at-risk of dropping out)
 - ▶ Communities That Care (Community Mobilization)
 - ▶ Media Awareness Campaigns (Social Norms Marketing)
 - ▶ SYNAR (Reduces tobacco sales to minors)
 - ▶ DARE to be You (Parent and young child program)
 - ▶ Across Ages (Mentoring program)
 - ▶ Life Skills (3-year program offered in elementary then middle school. Focused on self esteem and decision-making)

The availability of specific prevention programs varies by region. To find out what is available in your area, call the Prevention Coordinator at the LSAA.

To refer an individual to prevention services, call the LSAA in your region. They will determine which program(s) would be most appropriate for the individual.

IS THERE INTERVENTION FOR DUI OFFENDERS?

A first-time DUI offender is court ordered to undergo a substance abuse screening/assessment (ASI). Based on the assessment results, the individual is court ordered into treatment, DUI education, or both. Utah has implemented the *Prime for Life* education program for convicted DUI offenders. The primary goal of this 16-hour program is to raise the level of understanding of an individual's risk for developing addiction and/or problems related to substance abuse and to reduce that risk.

WHAT ARE DRUG COURTS?

Drug courts are an option for non-violent drug abusing offenders. Participants receive intensive court supervised drug treatment programs instead of going to prison.

If they do not complete the drug court requirements, they are sentenced to more traditional punishment. If a Drug Court participant completes the program, the guilty charge is removed from his or her record.

- Twenty-one (21) Drug Courts currently operate throughout Utah and eight more are being planned. Each varies in their structure, approach to substance abuse treatment, supervision, and eligibility requirements. Some programs target adults, others target juveniles or parents involved in a civil child custody action. Some focus on first-time offenders while others focus on those with previous drug convictions in an attempt to reach hardcore addicts.
- The Drug Court is a minimum 52-week program and includes residential and outpatient drug treatment and education. The court makes referrals to additional resources based on the participant's needs. Individuals participate in frequent and random urinalysis.
- The program has four phases, beginning with intensive treatment and oversight and ending with aftercare. A participant must be drug free for designated time frames before graduating each phase.
- Sanctions such as jail time or expulsion from the program are imposed if the participant continues taking drugs or participates in other illegal activities.
- However, if the participant is doing well, the Judge gives them immediate recognition, usually through congratulations and applause.
- Participants must be drug-free for 6 months before they can graduate from the program.

WHAT ARE THE COSTS OF SERVICES? ARE THERE FREE SERVICES AVAILABLE?

Services are provided on a fee-for-service basis, using a “sliding fee scale”-- the fee charged for services is based on the individual's ability to pay. This ensures that a person's ability to pay **will not** be a barrier to treatment. Substance abuse treatment services **are not free**, but can be extremely low-cost for clients with very limited resources.

HOW DO YOU DEFINE DUAL DIAGNOSIS (MENTAL HEALTH/SUBSTANCE ABUSE)?

“Dual Diagnosis” means that a person has both a psychological disorder and a substance abuse problem –the two are present simultaneously. Dual diagnosis is not uncommon for substance abuse/mental health clients because many clients start having problems with alcohol and/or other drugs by self-medicating their mental health problem (e.g., anxiety, depression).

WHAT IS THE DIFFERENCE BETWEEN ABUSE AND ADDICTION?

- Abuse is when alcohol or other drug use begins to disrupt an individual's life, health, work, and/or family life. However, genetic research has revealed that some individuals have a much greater likelihood of moving from use to abuse/addiction.
- Addiction is the process of becoming physically and/or psychologically dependent on alcohol or other drugs, to the point that seeking drugs or alcohol becomes the main focus of the person's life. Individuals will place their own well being and that of family members at risk in order to continue using.

CAN CLIENTS WHO NEED SUBSTANCE ABUSE TREATMENT BE HELPED IF THEY WON'T SEEK SERVICES VOLUNTARILY?

While no adult in our state can be forced into treatment, research suggests that programs that require substance abuse treatment as a condition of participation (such as the Drug Court) are very successful. They are, at least, as successful as the programs individuals enter voluntarily.

WHERE ARE SUBSTANCE ABUSE PREVENTION AND TREATMENT CENTERS LOCATED?

www.utahdsa.com

Hotline Number 1-866-633-HOPE (4673)

County	Admin Office	Prevention Coordinator
Cache Rich Box Elder	Brock Alder Bear River Health Department Division of Substance Abuse 655 East 1300 North Logan, Utah 84341 (435) 752-3730 Fax: (435) 787-4930 balder.hlbrhd.hllocal@state.ut.us	Bear River Health Department Jill Parker (435) 792-6518 Fax : (435) 792-6523 jrparker@utah.gov
Weber Morgan	Harold Morrill Weber County Substance Abuse 2650 Lincoln Avenue Ogden, Utah 84401 (801) 625-3601 Fax: (801) 625-3690 haroldm@weberhs.org	Weber Human Services Prevention Paula Hachmeister (801) 625-3674 Fax : (801) 778-6824
Salt Lake	Patrick J. Fleming Salt Lake County Substance Abuse 2001 South State Street, S2300 Salt Lake City, Utah 84190 (801) 468-2009 Fax: (801) 468-2006 pfleming@co.slc.ut.us	Salt Lake County Substance Abuse Jeff Smart (801) 468-2042 Fax : (801) 468-2006 jsmart@co.slc.ut.us
Davis	Maureen Womack Davis Behavioral Health 291 South 200 West PO Box 689 Farmington, Utah 84025 (435) 451-7799 Fax: (435) 451-6331 mwoma@davisbh.org	Davis Behavioral Health Brandon Hatch (801) 776-6303 Fax : (801) 776-4195 bhatc@davisbh.org
Tooele	Terry Green Valley Mental Health 100 S. 1000 W. Tooele, Utah 84074 (435) 843-3520 Fax: (435) 843-3555 terryg@vmh.com	Valley Mental Health Julie Spindler (435) 843-3538 Fax : (435) 843-3555 julies@vmh.com
Wasatch	Dennis Hansen, LCSW Heber Valley Counseling 55 South 500 East Heber, Utah 84032 (435) 654-3003 Fax: (435) 654-0309 donnish@co.wasatch.ut.us	Heber Valley Counseling Kathy Day (435) 654-3003 ext. 2 Cell: (435) 654-0309 kday@co.wasatch.ut.us
Utah	Richard J. Nance, Jr. Utah County Division of Human Services 100 E. Center St., Ste 3300 Provo, Utah 84606 (801) 370-8427 Fax: (801) 370-8498 richardn@state.ut.us	Utah County Steve Allred (801) 370-8426 Fax : (801) 370-8498 stephena@state.ut.us

Summit	Robert Gorelik Valley Mental Health 1753 Sidewinder Dr., Ste 200 Park City, Utah 84060 (435) 649-8347 Fax: (435) 649-2157 bobg@vmh.com	Valley Mental Health Paul Charpentier (435) 649-8347 ext. 107 Fax: (435) 649-2157 paulc@vmh.com
Central Juab Millard Piute Sanpete Sevier Wayne	Doug Ford Central Utah MH/Substance Abuse 255 West Main Street Mt. Pleasant, Utah 84647 (435) 462-2416 1-800-523-7412 Fax: (435) 462-9350 dougford@cut.net	Central Utah Counseling Center Margaret Pruitt (435) 864-3073 (435) 864-3610 cuccd2@gavtron.com pruittm@gavtron.com mp Pruitt@delwave.com
Beaver Garfield Iron Kane Washington	Paul Thorpe Southwest Center 354 East 600 South, Suite 202 St. George, Utah 84770 (435) 634-5614 Fax: (435) 673-7471 swc.po.pthorpe@email.state.ut.us	Southwest Center Allen Sain (435) 867-7654 Fax: (435) 867-7699 swc-po.asain@state.ut.us
Daggett Duchesne Uintah	Ron Perry Northeastern Counseling Center 599 North 1700 West P.O. Box 1908 Vernal, Utah 84078 (435) 789-6300 Fax: (435) 789-6325 rperry.vermhp@utah.gov	Northeastern Counseling Center Paris Anderton (435) 789-6300 Fax: (435) 789-6325 panderto.vermhp@state.ut.us
Four Corners Carbon Emery Grand	Bob Greenberg Four Corners CMH Inc. 10 West 100 North PO Box 867 Price, Utah 84501 (435) 637-7200 Fax: (435) 637-2377 Clinical: (435) 637-2358 bgreenberg@fccmhc.com	Four Corners Community Behavioral Health, Inc. Emery Jones (435) 381-2432 Fax: (435) 381-2542 ejones@fccmhccd.seutah.net
San Juan	Dan Rogers San Juan Counseling Center 356 So. Main St. Blanding, Utah 84511-3830 (435) 678-2992 Fax: (435) 678-3116 drogers@sanjuancc.org	San Juan Community Counseling Center Leslie Wojcik (435) 678-2992 Fax: (435) 678-3116 lwojick@sanjuancc.org

MENTAL HEALTH SERVICES

UTAH STATE HOSPITAL

- A 24-hour inpatient psychiatric facility located in Provo, Utah.
- Provides psychiatric treatment for patients experiencing severe and persistent mental illness.
- Serves all age groups and covers all geographic areas of the state.

HOW ARE INDIVIDUALS ADMITTED TO THE STATE HOSPITAL?

- A court must determine that the individual meets the Involuntary Commitment Statute that requires:
 - ▶ clear and convincing evidence that the person has a mental illness;

- ▶ the illness poses an immediate danger of physical injury to others or to himself; and
 - ▶ the individual lacks the ability to engage in a rational decision-making process regarding the acceptance of treatment and no appropriate less restrictive alternative is appropriate.
- Individuals are civilly committed to a community mental health center that determines the most appropriate and least restrictive placement for the individual.
 - The community mental health center must provide the individual with a less restrictive alternative before placement at the State Hospital.
 - Placement at the State Hospital is based on the needs of the individual and availability of a bed.

HOW ARE BEDS ALLOCATED AT THE STATE HOSPITAL?

- All adult and pediatric beds at the State Hospital are allocated to the community mental health centers based on a formula established by the State Board of Substance Abuse and Mental Health.
- The community mental health centers monitor the treatment provided by the hospital and provide follow-up care in the community.

TIP



The community mental health centers are the only entities that can admit an individual to the State Hospital. However, the individual must meet the clinical and legal criteria for admission.

WHO ARE FORENSIC PATIENTS AND WHAT SERVICES DO THEY RECEIVE?

- Individuals accused of committing a crime or convicted of a crime and who may be or are mentally ill.
- Forensic Services include:
 - ▶ evaluations to determine competency to stand trial, to determine if the person is mentally ill, and for court ordered purposes.
 - ▶ treatment for those determined to be Guilty and Mentally Ill or Not Guilty by Reason of Insanity.

COMMUNITY MENTAL HEALTH CENTERS

The agency the local mental health authority contracts with to provide an array of mental health services.

WHO IS ELIGIBLE FOR SERVICES?

Utah residents who have a diagnosable mental illness. However, due to funding limitations, priority for services is given to the following populations:

- Seriously and Persistently Mental Ill (SPMI) Adults
- Seriously Emotionally Disturbed (SED) Children

SERIOUSLY AND PERSISTENTLY MENTAL ILL (SPMI)

Criteria for determining SPMI:

- 18 years of age and older.
- Diagnosed in the past year with a mental, behavioral, or emotional disorder.
- Symptoms meet the criteria in the Diagnostic and Statistical Manual-IV used by mental health practitioners to make a diagnosis of mental illness.
- Most common diagnoses includes:
 - ▶ schizophrenia
 - ▶ bipolar disorder
 - ▶ major depressions
 - ▶ anxiety disorders
- Illness has caused an impairment that substantially interferes with or limits one or more major life activities.

SERIOUS EMOTIONALLY DISTURBED (SED)

Criteria for determining SED:

- Under 18 years of age.
- Diagnosed with a mental, behavioral, or emotional disorder.
- Symptoms meet the criteria in the Diagnostic and Statistical Manual-IV used by mental health practitioners to make a diagnosis of mental health.
- Most common diagnoses includes:
 - ▶ attention deficit disorder
 - ▶ depressive disorder
 - ▶ oppositional defiant disorder
 - ▶ adjustment Disorder
- Emotional and mental disturbance severely limit the child's development and welfare.
- Comprehensive and coordinated system of care is required to meet the child's needs.

TIPS



- Mental health professionals define mental illness as a medical illness of the brain that causes disturbances in thoughts, mood, and perception. This narrow definition generally does not include individuals with a behavior problem, character disorder, or disruptive personality who need moderate, preventive or consultant mental health services.
- Self help groups provide crisis services and supports to individuals and their families experiencing mental health issues. These groups can be very helpful to individuals who do not meet the eligibility criteria for a community mental health center. They include the following:
 - ▶ National Alliance for the Mentally Ill/Utah Support and education for families & consumers. (801) 323-9900.
 - ▶ Allies with Families- Support and information for families of children with emotional/behavioral disorders. (801) 293-7458.
 - ▶ Autism Society of Utah- Support for families with children who are Autistic. (801) 583-7049.
 - ▶ Disability Law Center- Provides advocacy, legal counsel, advice and education. 1-800-662-9080.
 - ▶ Mental Health Association In Utah- Provides education and support. (801) 596-3705.
 - ▶ L.I.N.C.S.- Education and support for families of children with both developmental and emotional disorders. (801) 281-4425.
- Community mental health centers generally do not provide:
 - ▶ sex offender treatment;
 - ▶ treatment for traumatic brain injury; or
 - ▶ mental retardation services (unless the individual has an identified mental illness).

WHAT SERVICES ARE PROVIDED BY COMMUNITY MENTAL HEALTH CENTERS?

- All CMHC's must submit an annual plan to the division that may address the following services:
 - ▶ inpatient care and services
 - ▶ residential care and services
 - ▶ psychosocial rehabilitation/vocational training and skills development
 - ▶ outpatient care and services
 - ▶ 24-hour crisis care and services
 - ▶ follow-up care and services
 - ▶ consultation and education services
 - ▶ case management
 - ▶ consultation and community education

WHERE ARE COMMUNITY MENTAL HEALTH CENTERS LOCATED?

Bear River Mental Health (Box Elder, Cache, & Rich Counties) Mick Pattinson 90 East 200 North Logan, UT 84321 (435) 752-0750 mpattinson@sisna.com	Central Utah Mental Health (Juab, Millard, Sanpete, Sevier, Piute, & Wayne Counties) Doug Ford 255 West Main Mt. Pleasant, UT 84647 (435) 462-2416 dougford@cut.net	Davis Behavioral Health (Davis County) Maureen Womack 117 West 200 South Farmington, UT 84025 (801)-447-8887 (435) 637-7200 mwomack@davisbh.org
Four Corners Mental Health (Carbon, Emery & Grand Counties) Robert Greenberg 105 West 100 North Price, UT 84501 (435) 637-7200 bgreenberg@fourcorners.ws	Heber Valley Counseling (Wasatch County) Dennis Hansen 55 South 500 East Heber City, UT 84032 donnish@co.wasatch.ut.us	Northeastern Counseling Center (Duchesne, Uintah & Daggett Counties) Ron Perry 1140 West 500 South Vernal, UT 84078 (435) 789-6300 vernmhp.rperry@state.ut.us
San Juan Counseling (San Juan County) Dan Rogers 356 South Main Blanding, UT 84511 (435) 678-2992 danrogers@sanjuancc.org	Wasatch Mental Health (Utah County) LaMar Eyre 750 North 200 West #300 Provo, UT 84601 (801) 373-4760 wasatch.leyre@email.state.ut.us	Valley Mental Health (Salt Lake, Tooele Summit Counties) David Dangerfield 5965 South 900 East #420 Salt Lake City, UT 84121 (801) 263-7100 ddangerf.humanserv@state.ut.us
Wasatch Mental Health (Utah County) LaMar Eyre 750 North 200 West #300 Provo, UT 84601 (801) 373-4760 wasatch.leyre@email.state.ut.us	Weber Human Services (Weber & Morgan Counties) 237 26 th Street Ogden UT 84401 (801) 625-3700 haroldm@weberhs.org	

WHO SHOULD BE CONTACTED WHEN AN INDIVIDUAL IS ERRATIC AND POTENTIALLY DANGEROUS?

Local law enforcement should always be called first. It is often difficult to determine if a person who is acting erratic is suffering with a mental illness or is on drugs and who may or may not be dangerous.

WHAT IS CAPITATION?

- Community mental health centers receive a fixed amount of money (a premium) for each person on Medicaid who **may** need mental health services in their catchment area.
- The premium is paid up front on a monthly basis and is provided even if the person never comes in for services.
- Capitation differs from a “fee for service” payment process in which the mental health center is paid for the services delivered to a specific client.

HOW CAN PRIVATE PROVIDERS UNDER CONTRACT WITH ANOTHER DIVISION UTILIZE MENTAL HEALTH SERVICES?

Mental health services are administered at a local level. Private providers need to work with local mental health centers to determine if their client meets their criteria for services.

WHY IS IT DIFFICULT FOR MENTALLY RETARDED INDIVIDUALS TO RECEIVE COUNSELING SERVICES FROM LOCAL MENTAL HEALTH CENTERS?

Because of limited funding for mental health services, the State Board of Substance Abuse and Mental Health established criteria to determine the priority populations to be served by the public mental health system. The criteria for determining priority services for adults are those who are Seriously and Persistently Mentally Ill and for children the priority service criteria are those who are Seriously Emotionally Disturbed. Although there are those individuals who have a dual diagnosis of both mental retardation and mental illness, many do not meet the priority service criteria.

WHAT ARE TCMs AND MEDICAID ENHANCEMENTS?

TCM (Targeted Case Management), provides clients with daily living skills such as assistance with housing, employment, and medical and dental care. Medicaid Enhancement allows a person to receive mental health treatment outside of the Medicaid managed care system.

ADMINISTRATION

Mailing & Street Address:
DSAMH Administration & Support
120 North 200 West, Room 201
Salt Lake City, Utah 84103

ACRONYMS & DEFINITIONS

AA:	Alcoholics Anonymous: Traditional support group for recovering alcoholics. Provides support but not treatment.
ASAM:	American Society of Addiction Medicine: Society for physicians who are certified as addictionologists. Developed the Patient Placement Criteria for substance abuse treatment.
ASI:	Addiction Severity Index: Widely used instrument to assess need for treatment in several life domains, including alcohol and other drug abuse.
ATOD:	Alcohol, Tobacco and Other Drugs
CAS:	Consumer Affairs Specialist: A consumer who works in an agency to provide assistance to other consumers.
CASI:	Comprehensive Adolescent Severity Inventory: An assessment instrument utilized to identify adolescents who are in need of substance abuse treatment. The CASI consists of ten modules providing an in-depth assessment of an adolescent's substance use and related problems such as drug/alcohol use, stressful life events, use of free time, and peer and family relationships. Used in conjunction with the UPPC.

CMHC:	Community Mental Health Center: Mental health programs that serve clients in their local areas.
CMHS:	Center for Mental Health Services: Federal Agency responsible for administering Mental Health Block Grant.
Consumer:	A person who is receiving mental health services in the community.
Dual Diagnosis:	Term used for those who have both a substance abuse problem and a mental illness or who are mentally retarded/developmentally disabled and have a mental illness. In a broader term can be considered any co-occurring disorder.
LSAA:	Local Substance Abuse Authority.
NA:	Narcotics Anonymous: Traditional support group for recovering drug abusers. Provides support but not treatment.
NAMI Utah:	National Alliance for the Mentally Ill: An advocacy organization that provides education and support for families who have a family member who has a mental illness.
NCADI:	National Clearinghouse for Alcohol and Drug Information: The information service of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services. NCADI is the world's largest and the Nation's one-stop resource for the most current and comprehensive information about substance abuse prevention and treatment.
NIAAA:	National Institute on Alcohol Abuse and Alcoholism: Conducts research focused on improving the treatment and prevention of alcoholism and alcohol-related problems to reduce the enormous health, social, and economic consequences of this disease.
NIDA:	National Institute on Drug Abuse
NPN:	National Prevention Network: An organization of State alcohol and other drug abuse prevention representatives, that provides a national advocacy and communication system for prevention.
SICA/SIG:	State Incentive Cooperative Agreement/ State Incentive Grant: Substance abuse prevention grant awarded by the Center for Substance Abuse Prevention (CSAP). Grants are for three years, for up to \$3 million each year. The four goals of Utah's project are to: (1) Use the Risk and Protective Factor Model to coordinate, and where legally permissible, redirect and leverage substance

abuse prevention resources that are directed toward communities, families, schools, and workplaces; (2) Develop a comprehensive, statewide prevention strategy that uses the Risk and Protective Factor Model of Substance Abuse Prevention to increase the capacity of communities to reduce alcohol, tobacco, and other drug use among youth; (3) Demonstrate a reduction in research-based risk indicators and substance use that affects youth, parents, and communities in Utah; and (4) Develop a comprehensive, statewide plan to sustain and expand the comprehensive prevention strategy at the conclusion of the Center for Substance Abuse Prevention's State Incentive Cooperative Agreement.

TEP:	Transitional Employment Program: An employment program for consumers who are transitioning back into the workforce.
UBHN:	Utah Behavioral Healthcare Network: An organization of the public mental health and substance abuse providers.
UPPC:	Utah Patient Placement Criteria: Used in conjunction with the ASI for adults and CASI for youth to identify the level of placement for substance abuse treatment.
USH:	Utah State Hospital: 24-Hour psychiatric facility located in Provo, Utah.

DIVISION OF YOUTH CORRECTIONS (DYC)

WHAT DOES DYC DO?

Provides a continuum of intervention, supervision, and rehabilitation programs to youth offenders while assuring public safety.

WHO IS ELIGIBLE?

DYC serves two types of youth offenders:

- Status Offenders
Juveniles, ages 8 to 18, who commit acts that are illegal only due to their age which include:
 - ▶ running away from home
 - ▶ continually skipping school
 - ▶ using tobacco and alcohol
 - ▶ violating curfew
 - ▶ acting beyond the control of their parents
- Delinquent Youth
Juveniles, ages 10 to 18, who commit misdemeanor or felony acts.

WHAT SERVICES ARE AVAILABLE FOR STATUS OFFENDERS?

- DYC operates two types of programs for status offenders:
 - ▶ Youth Services
 - ▶ Receiving Centers

YOUTH SERVICES

- Provides 24-hour crisis counseling to youth and their families in order to keep the family intact and to divert the youth from entering the juvenile justice system. Services are provided at no cost to the youth or family.
- A youth who is experiencing family problems, has run away, is beyond the control of his parents or committed other status offenses may access Youth Services.
- Upon arrival at the facility, demographic information is gathered and the youth is assessed to determine immediate risk factors, mental health needs, and alcohol and substance use.
- The following services are available at all Youth Service facilities:
 - ▶ crisis counseling
 - ▶ individual and family therapy
 - ▶ group therapy
 - ▶ parent and youth support and education groups
 - ▶ referral to community agencies
 - ▶ assessment
 - ▶ short-term voluntary residential placements
- Archway, in Ogden provides the following additional services:
 - ▶ community outreach (conflict resolution, limited in-home counseling, groups)

- ▶ substance abuse prevention (provides transportation to Alcoholics Anonymous and Narcotics Anonymous Groups)
- ▶ social detoxification (in conjunction with Weber Human Services)

TIP


Youth services is appropriate for youth who have no delinquent history and have not been adjudicated.

WHERE ARE YOUTH SERVICES LOCATED?

Salt Lake County Youth Services Center Contact: Steven Titensor 177 West Price Avenue Salt Lake City, Utah 84115 (801) 269-7500	Archway Youth Service Center Contact: Bob Heffernan 2660 Lincoln Avenue Ogden, Utah 84401 (801) 778-6500
Vantage Point Youth Services Contact: Scott Taylor 1185 East 300 North Provo, Utah 84606 (801) 812-5251	Iron County Youth Services Center Contact: Paul Arnold 1692 West Harding Ave Cedar City, Utah 84720 (435) 586-1704

*Youth Service Programs are also operated out of Receiving Centers in the rural areas of the state and may provide many of the services offered by the above. See list of Receiving Centers below for contact information.

RECEIVING CENTERS

- Youth taken into custody by law enforcement for status offenses or delinquent acts and who do not meet the Detention Admission Guidelines can be admitted to Receiving Centers.
- Youth receive crisis intervention and individual and group counseling.
- Services are offered at no charge.

TIP


Law enforcement is the only agency that can place a youth in a Receiving Center.

HOW DOES A YOUTH LEAVE A RECEIVING CENTER?

Youth are released to parents or a legal guardian unless the parent refuses to take custody or extensive problems exist at home, then the youth is referred to Youth Services.

WHERE ARE RECEIVING CENTERS LOCATED?

Cache Attention/Detention Contact: Dave Kuresa 2051 North 600 West Logan, Utah 84321 (435) 713-6267	Central Utah Receiving Center Contact: Beverly Farnsworth 449 North Highway 89 Richfield, Utah 84701 (801) 893-2340	Canyonlands Receiving Center Contact: Cathy Spillman 167 East 500 North Blanding, Utah 84511 (801) 678-1494
Davis Area Receiving Center Contact: Ted Groves 2465 N Main, #13A Sunset, Utah 84015 (801) 774-8767	Duchesne County Receiving Center Contact: Wayne Potter 28 West Lagoon Street Roosevelt, UT 84066-2841 (435) 722-3226	Iron County Youth Services Center Contact: Paul Arnold 1692 West Harding Ave Cedar City, Utah 84720 (435) 586-1704
Castle Country Receiving Center Contact: Nelda Johnson 1395 South Carbon Ave Price, Utah 84501 (435) 636-4720	Washington Youth Crisis Center Contact: Tami Fullerton 251 East 200 North St. George, Utah 84770 (435) 656-6133	Split Mountain Youth Center Contact: Kara Freeman 830 East Main Street Vernal, Utah 84078 (435) 789-2045

WHAT SERVICES AND FACILITIES ARE AVAILABLE FOR DELINQUENT YOUTH?

- NYC provides the following services and placements for **delinquent youth**:
 - ▶ secure detention
 - ▶ home detention
 - ▶ observation and assessment
 - ▶ secure facilities
 - ▶ work camps
 - ▶ day/night reporting centers
 - ▶ community alternative programs
 - ▶ case management and parole

SECURE DETENTION

- Provides short-term locked confinement for delinquent youth awaiting adjudication, placement, or serving a sentence as ordered by a Juvenile Court Judge.
- Delinquent youth can only be held in secure detention if they:
 - ▶ meet the Statewide Detention Admission Guidelines, or
 - ▶ are ordered into detention by a Juvenile Court judge.
- The Statewide Detention Admission Guidelines are an extensive list of “Holdable Offenses” which specifically outline the offenses that will admit a youth into detention. These include offenses such as:
 - ▶ auto theft
 - ▶ home burglary
 - ▶ assault
 - ▶ sale and use of drugs
 - ▶ armed robbery
 - ▶ aggravated burglary
- Only the Juvenile Court can order a youth into secure detention.
- A Detention Hearing is held within 48 hours of admission to a detention facility. The Juvenile Court judge determines if the youth should continue in secure detention, be returned home, or placed in a less restrictive placement. The judge uses the following criteria to make the decision:
 - ▶ is the youth a danger to himself or others?

- ▶ is the youth at risk of not appearing in court when summoned?

TIP



Youth with the following conditions can not be admitted to a secure detention facility:

- ▶ ungovernable
- ▶ runaway
- ▶ out of control
- ▶ neglected, abused, abandoned
- ▶ attempted suicide
- ▶ truant
- ▶ possessing or consuming alcohol
- ▶ under age 10

WHERE ARE DETENTION FACILITIES LOCATED?

Cache Attention/Detention Contact: Jeff McBride 2051 North 600 West Logan, Utah 84321 (435) 713-6260	Castle Country Youth Center Contact: Bryon Matsuda 1395 South Carbon Price, Utah 84501-0903 (801) 636-4720	Farmington Bay Youth Center Contact: Tony Hassell 907 West Clark Lane Farmington, Utah 84025 (801) 451-8620
Salt Lake Valley Detention Center Contact: Keith Smith 3450 South 900 West Salt Lake City, Utah 84119 (801) 261-2060	Slate Canyon Youth Center Contact: Ron Mervis 1991 South State Street Provo, Utah 84606 (810) 342-7840	Southwest Utah Youth Center Contact: Jay Maughan 270 East 1600 North Cedar City, Utah 84720 (435) 867-2500
Washington County Youth Crisis Center Contact: Sherri Mowery 251 East 200 North St. George, Utah 84770 (435) 656-6100	Weber Valley Detention Center Contact: Jackie Southwick 5470 South 2700 West Roy, Utah 84067 (801) 825-2794	Canyonlands Youth Home Contact: Mel Laws 167 East 500 North Blanding, Utah 84511 (435) 678-1499
Central Utah Youth Center Contact: Glen Ames 449 No. Highway 89 Richfield, Utah 84701 (435) 893-3240	Split Mountain Youth Center Contact: Kara Freeman 830 East Main Street Vernal, Utah 84078-2708 (435) 789-2045	

HOME DETENTION

- Delinquent youth can be confined at home as an alternative to secure detention if they are not a danger to themselves or the community.
- The youth may leave home only to attend school and/or work and are under the supervision of NYC.
- Home detention is not appropriate for youth who:
 - ▶ are serious offenders;
 - ▶ pose a risk to the community;
 - ▶ have no charges pending before the Juvenile Court.

OBSERVATION AND ASSESSMENT (O&A)

- A 45-day residential program for delinquent youth placed in the custody of NYC for evaluation, assessment, and treatment planning.
- O&A must be ordered by a Juvenile Court Judge and includes the following services and activities:

- skill building groups
- recreation
- community service projects
- individualized educational programs
- counseling
- assessment, evaluation and testing

WHERE ARE O&A FACILITIES LOCATED?

Farmington Bay Youth Center Contact: Tony Hassell 907 West Clark Lane Farmington, Utah 84025 (801) 451-8620	Ogden O & A Contact: Mike Rigby 145 North Monroe Blvd Ogden, Utah 84404 (801) 627-0326	Salt Lake O & A Contact: Anne Nelsen 61 West 3900 South Salt Lake City, Utah 84107 (801) 284-0230
Springville O & A Contact: Odell Ericksen 205 West 900 North Springville, Utah 84663 (801) 491-0134	Salt Lake City Girls O & A Contact: Anne Nelsen 61 West 3900 South Salt Lake City Utah (801) 284-0230	

(Multi-use facilities with O&A capability: Logan, Vernal, Price, Richfield and St. George)

SECURE FACILITIES

- Long-term locked confinement facilities for serious and habitual delinquent youths.
- Analogous to adult prison.
- Delinquent youth are sentenced for a specific length of time based on the guidelines established by the Youth Parole Authority. The Youth Parole Authority conducts regular progress reviews and determines when the youth can be released.
- Once the Juvenile Court orders a delinquent youth to a secure facility, the jurisdiction for the youth is transferred to the Youth Parole Authority.
- Unlike the adult correctional system, juveniles placed in secure facilities must receive educational and vocational services. Each juvenile must complete an individually designed treatment plan, based on their rehabilitative needs, and complete the court ordered victim restitution, as part of the requirements for release.

WHERE ARE SECURE FACILITIES LOCATED?

Decker Lake Youth Center Contact: Curtis Preece 2310 West 2770 South West Valley City, Utah 84119 (801) 954-9200	Farmington Bay Youth Center Contact: Tony Hassell 907 West Clark Lane Farmington, Utah 84025 (801) 451-8620	Mill Creek Youth Center Contact: Marty Mendenhall 790 West 12th Street Ogden, Utah 84404 (801) 334-0210
Slate Canyon Youth Center Contact: Ron Mervis 1991 South State Street Provo, Utah 84606 (801) 342-7840	S.W. Utah Youth Center Contact: Jay Maughan 270 East 1600 North Cedar City, Utah 84720 (435) 867-2500	Wasatch Youth Center Contact: Vanessa Jarrell 3534 South 700 West Salt Lake City, Utah 84119 (801) 265-5830

DAY / NIGHT REPORTING CENTERS

- Non-secure community programs that provide daily supervision of youth who are in DYC custody.

- Appropriate for youth with relatively minor offense histories.
- Youth can remain at home and attend school or work while participating in the program.

WHERE ARE DAY / NIGHT REPORTING CENTERS LOCATED?

DART PROGRAM Contact: Salvador Mendez 3570 South West Temple Salt Lake City, Utah 84115 (801) 685-5710	DAVIS AREA YOUTH CENTER Contact: Ted Groves 2465 North Main Suite 13A Sunset, Utah 84015 (801) 774-8767	TASC PROGRAM Contact: Paul Morrison 3570 South West Temple Salt Lake City, Utah 84115 (801) 685-5710
DAVIS OUTREACH SERVICES Contact: Robert Atisme 1353 North Highway 89 Ste. 101 Farmington, Utah 84025 (801) 447-0958	LIGHTNING PEAK Contact: Noela Karza 1955 S. Dakota Lane Provo, Utah 84606 (801) 370-0503	

WORK CAMPS

- Work camps are non-secure residential placements that require delinquent youth to engage in physical labor.
- Work consists of light construction, painting, grounds maintenance, fence and trail building, and snow removal.
- The Juvenile Court Judge can order delinquent youth who have failed to abide by conditions of probation or failed other community programs to a work camp.
- Work hours are credited to the youth's restitution account for the actual work performed.
- Work projects are contracted to government entities or non-profit agencies. Private companies can not contract for work projects.
- Delinquent youth with the following conditions are not appropriate for work camps:
 - ▶ violent or predatory youth who may physically assault other residents and/or staff;
 - ▶ history of emotional or psychological problems;
 - ▶ suicide risk;
 - ▶ taking psychotropic medication or other medication for depression.

WHERE ARE WORK CAMPS LOCATED?

Genesis is the only stand alone residential work camp operated by DYC. Work programs have also been adopted as features of both residential and nonresidential programs in both secure and non-secure settings.

Genesis Youth Center
 Contact: Julie Shaheen
 14178 South Pony Express Road
 Draper, Utah 84020
 (801) 576-6700

COMMUNITY ALTERNATIVE PROGRAMS

Non-secure residential and non-residential programs for delinquent youth who have completed long-term secure care or out of state placements and require additional services to transition back into the community.

WHERE ARE COMMUNITY ALTERNATIVE PROGRAMS LOCATED?

Project Paramount Contact: Randy Gangwer 2411 Keisel Avenue #227 Ogden, Utah 84401 (801) 621-3684	Paramount Reflections Contact: Randy Gangwer 523 Heritage Blvd Suite #2 Layton, Utah 84041 (801) 779-6521	ICAP Contact: Ron Harrell 3534 South 700 West Salt Lake City, Utah 84119 (801) 284-0224
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CASE MANAGEMENT AND PAROLE

- Delinquent youth placed in community placements, O&A, and secure facilities receive case management services that include monitoring, supervision, and implementation of treatment plans.
- The case manager acts as a liaison between the youth, Juvenile Court, parents, and Youth Corrections' programs.
- Parole services are provided to youth after release from a secure facility.
- All delinquent youth in the custody of DYC have an assigned case manager or a parole officer.

WHERE ARE CASE MANAGEMENT AND PAROLE SERVICES LOCATED?

Ogden Case Management Contact: Bryan Povey 145 N Monroe Blvd Ogden, Utah 84404 (801) 627-0322	Copper Springs Outreach Programs Contact: Dennis Wildman 925 West 20 North, Ste A-6 Logan, Utah 84321 (435) 792-4267	Orem Case Management Contact: Odell Erickson 237 South Mountainland Drive Orem, Utah 84058 (801) 426-7430
Salt Lake Case Management Contact: Kyle Goudie 61 West 3900 South Salt Lake City, Utah 84119 (801) 284-0200	Box Elder Diversion Program Contact: Jennifer Cobia 271 North 100 West Brigham City, Utah 84302 (435) 723-2801	
Moab Case Management Contact: Robyn Parker 1165 South Highway 191 #1 Moab, Utah 84532-3062 (435) 259-3733		

DO PARENTS HAVE TO PAY THE COSTS OF CARE IF THEIR CHILD IS PLACED IN DYC CUSTODY?

- Parents whose children are placed in a DYC 24-hour care program are expected to contribute financial support toward their child's care.
- Parents' monthly contribution is based on their income and the number of dependent children living in their household. Therefore, parents may be responsible for only a small portion of the actual costs.

- A financial questionnaire is sent within six weeks after a child is placed in care. Based on information from the completed questionnaire, the Office of Recovery Services (ORS) calculates a monthly payment using the Utah Child Support Guidelines. Divorced parents receiving child support transfer those payments to the State.
- Generally, ORS requires that parents sign a stipulation agreeing to the payment amount. When there is disagreement regarding the amount, parents may ask for a conference with an ORS Presiding Officer. If the decision remains unsatisfactory, parents may request a hearing with an Administrative Law Judge.
- DYC may request a deferral or waiver of payments if collections interfere with family unification. The request must be based on family need and show a loss of income or extraordinary and necessary expenses. A DYC worker must complete a waiver request (602dhs) and submit it to the DYC Region Director or Supervisor for any case where a request to postpone or waive collections of current or past due child support is being requested.

ADMINISTRATION

Mailing & Street Address

120 North 200 West, Room 419
Salt Lake City, Utah 84103
(801) 538-4330; Fax: (801) 538-4334

Blake Chard	Division Director	(801) 538-4330
Dan Maldonado	Deputy Director	(801) 538-4330
Cecil Robinson	Office of Community Programs	(801) 627-0322
Malcolm Evans	Office of Rule Programs	(801) 491-0100
David Loden	Office of Correctional Facilities	(801) 284-0200
Gaby Anderson	Office of Early Intervention Serv.	(801) 685-5700
Judy Hammer	Administrative Secretary	(801) 538-4098

ACRONYMS & DEFINITIONS

Community Service:	A court-imposed sanction that requires offenders to work in the community to repay society for the harm done by their actions.
Detention:	Analogous to jail.
Delinquent Youth:	Youth, ages 10 to 18, who have committed an act that is a crime.
Electronic Monitoring:	Use of computerized tracking devices that help identify the location of a youthful offender who has been placed in the community.
Guideline:	The suggested number of months a youth will be confined in a secure facility as established by the Youth Parole Authority based primarily on the youth's history of delinquency.

Multiuse Facility:	Programs in rural areas operated by NYC that combine short-term secure detention and non-secure shelter in a single facility. Staff provides 24-hour-a-day supervision and programming to meet the unique needs of smaller communities.
Parole Officer:	Provides case management of a youth after release from long term secure care.
Proctor Home:	A foster home for youth in the custody of the NYC.
Secure care:	Analogous to prison.
Status Offenders:	Youth under age 18, who have committed acts that are illegal only due to their age (status). These include tobacco and alcohol violations, truancy, curfew, ungovernable, and run away.

OFFICE OF RECOVERY SERVICES (ORS)

WHAT DOES ORS DO?

Serves children and families by promoting independence through responsible parenthood and ensures public funds are used appropriately. This reduces costs to public assistance programs.

TIP



In other words, ORS works to ensure that parents primarily support their children, not taxpayers. When parents don't support their children, a family is more likely to need public assistance.

Also, ensures that liable parties such as insurance companies reimburse the state of Utah.

AS A DHS EMPLOYEE, WHEN WOULD I LIKELY BE INVOLVED WITH ORS?

- You have a client/family in common with us:
 - ▶ ORS is collecting child support from parents whose children are in the care or custody of the state, such as DCFS, Youth Corrections, State Hospital, etc.; or
 - ▶ one of your clients is on Medicaid but has questions or concerns about medical provider bills, payments from a liable third party or payments they owe to reimburse the state for medical services paid in their behalf.
 - ▶ Your client is over age 55, Medicaid eligible and may be concerned about the Medicaid Estate Recovery Program.
- Your client may need help establishing paternity or collecting child support or have questions about an existing case.
- You need ORSIS (computer system used by ORS) access to do your job; or,

WHO IS ELIGIBLE?

- Parents who owe child and medical support.
- Parents ordered to pay support when their child is placed in the care or custody of the state.
- Individuals or third parties responsible for repaying medical expenses paid by the State/Medicaid.
- Medicaid recipients over age 55 who have an estate.

CHILD SUPPORT SERVICES (CSS):

Provides child support services on behalf of children and families in obtaining financial and medical support by:

- Collecting child and medical support
- Locating parents
- Establishing paternity and child/medical support obligations, and

- Enforcing those obligations when necessary.

HOW DOES SOMEONE APPLY FOR CHILD SUPPORT?

Complete an application form, which is available by:

- Accessing the ORS web site: <http://www.hsors.utah.gov>, or
- Calling the ORS Automated Information System (AIS) and pressing 2,2,2,1,2.

TIP



If a client is receiving public assistance (financial or Medicaid), a child support application is not necessary because the case will be opened automatically after the Department of Workforce Services or Department of Health determines eligibility.

HOW ARE CHILD SUPPORT AMOUNTS CALCULATED?

- In Utah, child support obligations are computed using a calculation table established by the Utah State Legislature.
- Both parent's income is used to compute the monthly child support amount. The parent's income is limited to the equivalent of one full-time job. Generally, overtime and additional part-time jobs are not included.
- Cash assistance, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI), **are not** considered as income.
- Pensions, Social Security Benefits, Workman's Compensation, and Disability Insurance benefits **are** considered income.
- Other factors are also used to determine how much support will be ordered.
- Child support worksheets and tables are available at each Clerk of the Court office, in every ORS office, and the ORS web site. <http://www.hsors.utah.gov>

TIPS



- Although the issues are very closely linked to child support, **custody and visitation (parent-time) issues are not handled by ORS.**
- **Spousal support (alimony) is collected only if the non-custodial parent is also ordered to pay** current child support and the children are not legally emancipated.
- **Interest is collected only if:**
 - ▶ the interest is listed as a specific dollar amount in a judgment, or
 - ▶ in an interstate case if the other state collects interest for its customers and provides ORS/CSS with the specific interest amount, or
 - ▶ if a case has been referred for criminal non-support prosecution.

TIPS



- **Ongoing medical support is collected only if** it is included as a specific dollar amount in the support order.
- **Ongoing child care expenses are collected only if:**
 - ▶ a parent makes the request,
 - ▶ the specific dollar amount for child care is included in a court order along with child support obligation, and
 - ▶ neither parent is disputing the monthly childcare amount.
- **ORS does not represent either parent.** Attorneys from the Utah Office of the Attorney General may assist us. They represent the State and are not personal attorneys for either parent.
- **Child support will be collected until the child is legally emancipated.**
- For Utah child support orders, the age of emancipation is when:
 - ▶ a child turns 18 or graduates with his/her normal graduating high school class, whichever occurs later, or
 - ▶ a child marries or joins the armed forces.
 - ▶ if an order was issued by a state other than Utah, the child will emancipate based on the emancipation laws of that state.
- **Past-due support cannot always be collected.**
Based on Utah law, past-due support can only be collected within 4 years of when the last child in a Utah order reaches the age of majority, until the youngest child turns 22 or for 8 years after a sum certain judgment is issued.

WHAT CAN A CASEWORKER DO FOR A PARENT WHO DOES NOT HAVE ENOUGH MONEY TO COVER BASIC NEEDS AFTER INCOME HAS BEEN WITHHELD FOR A CHILD SUPPORT OBLIGATION OR FOR A PARENT WHO NEEDS MORE CHILD SUPPORT?

- The parent should contact his/her ORS agent to discuss **modifying the child support award**.
- The ORS agent may request that the child support award be modified if:
 - ▶ the new order is at least 10% higher or lower than the current award; **and**
 - ▶ the order is at least 3 years old; **or**
 - ▶ if it has been less than 3 years since the order was issued, modified, or revised and substantial change in circumstances has occurred; **and**
 - ▶ the award is at least 15% higher or lower than the current award.
- ORS **will not** adjust the order if:
 - ▶ the youngest child will be 18 years old within a year;
 - ▶ the non-requesting parent cannot be located; or
 - ▶ for other issues, such as visitation (parent-time) or custody.

WHAT IF THE CLIENT IS ON PUBLIC ASSISTANCE? IS HER/HIS CHILD SUPPORT CASE HANDLED DIFFERENTLY?

- All child support cases are treated the same; one type of case is not given a higher priority over another.

- However, there are some important differences and restrictions when a client is receiving public assistance.
- When the client becomes eligible for cash assistance, s/he assigns (transfers) her/his past, present and future child, spousal and medical support rights to the State. This means s/he **will NOT receive her/his monthly child support payments when s/he is receiving cash assistance**
- **The client cannot enter into an agreement with the non-custodial parent to accept “in-kind” support** in place of the court ordered child support. If s/he does accept “in-kind” support, **s/he will need to pay ORS an equal cash amount**. Examples of in-kind support are food, clothing, housing, utilities, etc.
- **The client cannot enter into an agreement with the non-custodial parent for a reduction of child support during an extended visitation** while receiving cash assistance
- When the cash assistance and Medicaid case close, ORS will provide **full** child support services which includes, child support, spousal support and medical support enforcement services **unless the client tell us s/he does not want the services**.

WHAT FEES ARE CHARGED FOR CASES THAT ARE NOT RECEIVING CASH ASSISTANCE OR MEDICAID?

Payment Processing

A \$5.00 administrative fee, not to exceed \$10.00 per month, is charged each time a payment is processed and sent to the custodial parent. This charge is withheld from the support payment before it is sent to the custodial parent.

Federal Tax Intercept Charge

A fee, up to \$25.00, is charged if the non-custodial parent's or custodial parent's federal tax refund is taken to a support obligation.

Internal Revenue Service (IRS) Full Collection Charge

A fee of \$122.50 is charged when a case is sent to the IRS for full enforcement services.

Paternity Establishment Services

If the mother does not name all possible consorts at the time a case is opened, she will be charged for the cost of additional genetic testing, unless the man first named as the father is not excluded by genetic testing.

Interstate Cases

Other charges may be assessed if a case is referred to another state and that state charges a fee.

WHERE ARE CHILD SUPPORT OFFICES LOCATED?

<p>SALT LAKE CITY 515 East 100 South Salt Lake City, Utah 84102 801-536-8500 or 800-662-8525</p>	<p>OGDEN 2540 Washington Blvd. Ogden, Utah 84401 801-626-3475 or 800-336-2629</p>	<p>LAYTON 523 Heritage Blvd. Suite 1 Layton, Utah 84041 801-626-3475 or 800-336-2629</p>
<p>PROVO 150 East Center Street, Suite 2100 Provo, Utah 84606 801-374-7233 or 800-255-8734</p>	<p>RICHFIELD 1152 South Highway 118 Richfield, Utah 84701 435-896-5461 or 800-896-5461</p>	<p>ST. GEORGE 377 East Riverside Drive St. George, Utah 84790 435-674-3900 or 800-678-1732</p>

HOW CAN INFORMATION ABOUT CHILD SUPPORT BE ACCESSED?

- Telephone the above offices and access the Automated Information System.
- Online at <http://www.hs-ica.state.ut.us>. Site requires log in ID (case participant's Social Security Number) and PIN number.

WHAT IS THE AUTOMATED INFORMATION SYSTEM (AIS)?

- It is a 24 hour a day, 7 days a week telephone system that provides information about child support payments. The telephone numbers listed above connects callers to AIS.

- The following information and services can be accessed after connecting to AIS:

Payment received and posted information:

Press: 2,1,1

Enter Case Number and PIN number

Information on Applying for Child Support Services:

Press: 2,2,2,1,2

To Request a Child Support Orders Modification Packet:

Press: 2,6

Information on Voluntary Declaration of Paternity:

Press: 2,6

Access to Customer Service:

Press 2,1,2,2

WHERE ARE CHILD SUPPORT PAYMENTS SENT?

- All Child Support payments are sent to one mailing address regardless of where the case is being worked:

P.O. BOX 45011
Salt Lake City, Utah 84145-0011

- ORS also accepts payment by credit card over the phone or at local ORS offices.

COLLECTION FOR CHILDREN IN CARE (CIC)

- **Provides services to reimburse the state** for costs of supporting children placed in its care and/or custody, by:
 - obtaining financial and medical support,
 - locating parents,
 - establishing paternity and support obligations, and
 - enforcing those obligations.

WHY DOES A PARENT HAVE TO PAY CHILD SUPPORT WHEN IT WAS THE STATE THAT REMOVED THE CHILD FROM THE HOME?

- Utah law requires that both parents of a child who has become a ward of the state are not relieved of their primary obligation to support that child.
- Based on this, the Juvenile Court judge orders the parents of children placed in state's custody to contribute to the support of that child no matter what the circumstances were when the child was removed from the home.

IF A PARENT VOLUNTARILY ALLOWS THE STATE TO PLACE A CHILD IN A RESIDENTIAL FACILITY, DOES THE PARENT HAVE TO PAY?

Yes, parents are required to contribute financial support toward their child's care even when they are voluntarily placed in a community residential program.

HOW CAN THE AMOUNT A PARENT PAYS BE REDUCED?

- The caseworker from the agency that placed the child can help the parent request a **waiver** to defer or waive payments.
- The Good Cause Deferral/Waiver form (Form 602) must be completed, signed by the appropriate Region Director or Supervisor, and must include **detailed** information as to why a waiver should be considered.
- A waiver may:
 - waive the current support or arrears payment for a certain time period,
 - waive all of the arrears,
 - defer payments until a specified date, or
 - waive the obligation entirely.
- ORS will review the waiver request to verify compliance with state and federal regulations and verify any financial information.

- ORS will forward the request to the Division Director designating either agreement or disagreement.

WHAT HAPPENS TO A CHILD'S SOCIAL SECURITY BENEFITS WHEN A CHILD ENTERS STATE CUSTODY OR CARE?

The state will apply to be payee of the benefits while the child is in the care or custody of the state.

WHY DOES A PARENT HAVE TO PAY FOR A FULL MONTH WHEN THE CHILD WAS IN CUSTODY FOR ONLY A FEW DAYS DURING THE MONTH?

Child Support is due on the first day of the month and, therefore, is not pro-rated.

WHERE ARE PAYMENTS SENT?

- All payments are sent to one mailing address regardless of where the case is being worked:

P.O. BOX 45011
Salt Lake City, Utah 84145-0011

- Payment by credit card is accepted over the phone or at local ORS offices.

WHERE ARE SERVICES LOCATED?

515 East 100 South

All **Children in Care** cases are handled out of the Salt Lake office:
Salt Lake City, Utah 84102
801-536-8500 or 800-662-8525

For Questions about DCFS and DYC custody cases contact the ORS office: Press 2,1,2,3

To Contact **Customer Service**: Press 2,1,2,2

BUREAU OF MEDICAL COLLECTION (BMC)

Collects medical reimbursements from responsible third parties to both reimburse and avoid state Medicaid costs, including recovering from estates of deceased Medicaid recipients.

WHAT IS ESTATE RECOVERY?

Federal law requires states to pursue recovery of Medicaid benefits paid on a recipient's behalf after age 55 if the recipient had no surviving spouse or dependent (under age 21) or disabled children. Recovery can be made for the recipient's estate and/or trust. The amount recovered is used to supplement funds available for the Medicaid program and helps reduce the tax burden caused by rising Medicaid-costs.

TIP

ORS recovers from estates/trusts only after the death of both the recipient and the surviving spouse, and only if there is not child who is blind or under age 21.

WHAT IS AN ESTATE?

A recipient's "estate" means all real and personal property or other assets included within a decedent's estate (as defined in Utah Code, Section 75-1-201); and a decedent's augmented estate (as defined in Section 75-2-202).

WHAT MEDICAL COSTS DOES ORS RECOVER?

ORS recovers costs paid by Medicaid when the recipient was age 55 or older, such as:

- Pharmacy charges
- Doctor and Hospital charges
- Ambulance charges
- Insurance premiums including Medicare premiums
- Medical equipment
- Long term care costs (both in-home and nursing home)
- QMB expenses
- All other costs paid under the State Plan

HOW DOES ORS PROCEED WITH ESTATE RECOVERY?

ORS contacts a representative of the heirs after the death of the recipient. A lien may be recorded against real property of a deceased recipient. ORS may also file a claim with the probate court for the amount of the medical assistance provided.

WHAT ABOUT BURIAL COSTS OR OTHER CLAIMS ON THE ESTATE?

Burial costs are paid first from the estate of the recipient. The state's claim is paid before other creditors and before the heirs. It has the same priority as reasonable and necessary medical expenses of the last illness under the Utah Uniform Probate Code.

CAN ORS WAIVE ESTATE RECOVERY IF THERE IS UNDUE HARDSHIP?

ORS offers the opportunity to apply for an undue hardship waiver if income is limited and the property is the sole income-producing asset and the source of support for the survivors (such as a family farm). ORS may defer estate recovery with the signing of a consensual lien if an individual has an equity interest in the decedent's home and resides in the home as his or her primary residence or if a disabled or elderly individual, resides in the decedent's home as a primary residence.

WHERE ARE MEDICAL COLLECTION SERVICES LOCATED?

All BMC cases are served out of the Salt Lake office:

515 East 100 South
Salt Lake City, Utah 84102

ORS Medical Section 536-8806

BUREAU OF INVESTIGATIONS AND COLLECTIONS (BIC)

In July, 2003, the Bureau of Investigations and Collections transferred to the Department of Workforce Services.

WHERE ARE SERVICES LOCATED?

All BMC cases are served out of the Salt Lake office:

515 East 100 South
Salt Lake City, Utah 84102

BUREAU OF INVESTIGATIONS AND COLLECTIONS (BIC)

Investigates and collects public assistance overpayments and fraud.

WHO DO I CONTACT REGARDING A CLIENT COMPLAINT ABOUT CHILD SUPPORT?

The Office of Recovery Services has a process to resolve a child support case-specific concerns.

- STEP 1: CUSTOMER SERVICE UNIT child support services only. For other programs contact the team manager.
 - ▶ for questions, concerns, or complaints about a case or about how an ORS agent has handled a case, contact the Customer Service Unit in the appropriate region.
 - ▶ call the main office numbers listed above, then press 2, 1, 2, 2 to reach the Customer Service Unit in that office.
 - ▶ for questions about foster care/youth corrections cases, call the Salt Lake number above, then press 2,1,2,3.
- STEP 2: QUALITY ASSURANCE SPECIALIST
 - ▶ if you do not feel your issue or concern has been adequately addressed through the Customer Service Unit, ask to be transferred to the appropriate Quality Assurance Specialist in your region.
- STEP 3: ASSOCIATE REGIONAL DIRECTOR
 - ▶ if you still have concerns after speaking with a Quality Assurance Specialist, ask to be transferred to the appropriate Associate Regional Director.
- STEP 4: REGIONAL DIRECTOR/DEPUTY DIRECTOR/ORS DIRECTOR
 - ▶ if after speaking with an Associate Regional Director your issue is still unresolved, call the ORS Administration Office at 536-8901 and ask to speak with a Regional Director, Deputy Director or the ORS Director. You may also put your concerns in writing.

HOW CAN I SEND CASE-RELATED QUESTIONS BY E-MAIL?

Child Support Cases, send an e-mail to the appropriate regional office (where the case is maintained.)

Ogden

orswebogden@utah.gov

Layton

orsweblayton@utah.gov

Salt Lake	orswebslc@utah.gov
Provo	orswebprovo@utah.gov
Richfield	orswebrichfield@utah.gov
St. George	orswebstgeorge@utah.gov
Not Sure	orswebmail@utah.gov

State or Federal Law or policies regarding Child Support send an e-mail to:

Orswebbcss@utah.gov

(NOTE: **do not** use this link if your question is concerning a specific case)

Children in Care cases send an e-mail to orswebcic@utah.gov

Bureau of Medical Collections send an e-mail to orswebbmc@utah.gov

General Information not related to a specific case send an e-mail to orswebmail@utah.gov

ADMINISTRATION

Mailing Address:

P.O. Box 45011
Salt Lake City, Utah 84145-0011
Toll Free 1-800-662-8525
(801) 536-8500; Fax: (801) 536-8509

Street Address:

515 East 100 South
Salt Lake City, Utah 84102

Emma Chacon	Director	(801) 536-8901
Jim Kidder	Director Child Support Services	(801) 536-8911
Tracy Graham	Director Children in Care	(801) 536-8901
Brent Perry	Bureau of Medical Collections	(801) 538-8905
Mike Tazelaar	Bureau of Financial Services	(801) 536-0342

ACRONYMS & DEFINITIONS

Administrative Hearing:	An adjudicative proceeding that takes place before an administrative law judge at the Department's Office of Administrative Hearings.
AIS:	Automated Information System: A telephone answering/information system used to give callers information about the Office of Recovery Services (ORS) and their cases.
Arrears:	The amount of money owed to the state or to a Non-IV-A participant that was not paid when due.
BIC:	Bureau of Investigations and Collections: Investigates and collects in cases related to public assistance overpayments and fraud.
CIC:	Children in Care: Provides services to reimburse the state for costs of supporting children placed in its care and/or custody, by obtaining financial and medical support, through locating parents, establishing paternity and support obligations and enforcing those obligations when necessary.
CSS:	Child Support Services: Provides services on behalf of children and families in obtaining financial and medical support. Child support services also include locating parents and establishing paternity.
Current Support:	Support that is owed for the current month. Also known as "ongoing support."
Garnishment:	A legal action that allows the state to attach a portion of an obligor's salary (after mandatory deductions) and apply it to his or her support obligation.
NTW:	Notice to Withhold Child Support: A document that instructs an obligor's payor of income to withhold part of the obligor's income and send it to the Office of Recovery Services/Child Support Services (ORS/CSS). The withheld income is applied to the obligor's support debts.
Order:	A legal document that specifies the amount of money that is owed by participant.
ORS:	Office of Recovery Services: Houses the Bureau of Investigations and Collections, Bureau of Medical Collections and the Bureau of Collections for Children in Care.
ORSIS:	Office of Recovery Services Information System: The comprehensive computer system used in ORS.

TANF:

Temporary Assistance for Needy Families: Federal grant program which replaces the Aid to Families with Dependent Children program. In Utah, this program is known as “**FEP**”, Family Employment Program.

TPL:

Third Party Liability: Refers to individuals or entities who have financial liability for medical costs of Medicaid recipients.

STATEWIDE COMMUNITY RESOURCES

(listed by Websites in order to check for a local listing)

NAMI (National Alliance for the Mentally Ill)	www.namiut.org
Allies	www.allieswithfamilies.org
LINCS	www.lincsforfamilies.org
Family Support Centers in Utah	www.familysupportcenter.org
Domestic Violence Shelters in Utah	www.udvac.state.ut.us
State Health Department	www.health.utah.gov
State Office of Education	www.usoe.gov
Department of Workforce Services	www.jobs.utah.gov
Utah State Legislature	www.le.state.ut.us
Juvenile Courts	www.courtlink.utcourts.gov
Center for People with Disabilities	www.cpd.usu.edu
Utah State Office of Rehabilitation	www.usor.state.ut.us
Primary Children's Hospital	www.ihc.com/xp/ihc/primary
Information & Referral	www.informationandreferral.org
Yellow Pages for the Family	www.families.utah.gov
Community Services	www.deced.utah.gov
Housing Resources	www.dced.utah.gov
Occupational & Professional Licensing	www.commerce.utah.gov/opl